

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29222

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5047 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENKINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENKINS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 miles southeast of Aurora</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 17 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (NEVER MARRIED; WIDOWED, DIVORCED (Specify)) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 11 1867</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>					

13a. FATHER'S NAME <u>JIM TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET JONES</u>		14. NAME OF HUSBAND OR WIFE <u>A.G. JOHNSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS L.W. EVANS</u> ADDRESS <u>JENKINS MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>45 HRS</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from april, 1949, to 17 Sept, 1949, that I last saw the deceased alive on 16 Sept, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Johnny M. D.</u>		23b. ADDRESS <u>Greena MO</u>		23c. DATE SIGNED <u>15 Sept 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>10 MILE S. of Aurora MO</u>	
DATE REC'D BY LOCAL REG. <u>10-7-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Walsh</u>		ADDRESS <u>Aurora MO</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED OCT 8 1949

District Health Office No. 6,

District File Number 1049-1104

Date Filed 10-11-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Myself  
working under my personal supervision.

Student Embalmer No.         

Signed.....  
Student Embalmer

Signed Osman L. Marsh

Licensed Embalmer No. 3812

P. O. Address Sumner Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.