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| BIRTH NO. _____  |  | REG. DIST. NO. 157   |  | PRIMARY REG. DIST. NO. 3028  |  | Registrar's No. 163  |  |
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). |  |  |  |
| a. COUNTY Jasper   |  | b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)                           |  | a. STATE Missouri  |  | b. COUNTY Jasper   |  |
| c. LENGTH OF STAY (in this place) 5 years  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage                  |  | d. STREET ADDRESS (If rural, give location) 613 E. Third St.                           |  | 130  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 613 E. Third St.   |  | 3. NAME OF DECEASED  |  | 4. DATE OF DEATH   |  | 5. SEX   |  |
| a. (First) MARTHA  |  | b. (Middle) JANE   |  | c. (Last) JOHNSON  |  | Date: Sept 12, 1949  |  |
| 5. SEX female  |  | 6. COLOR OR RACE white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed                         |  | 8. DATE OF BIRTH March 5, 1858   |  |
| 9. AGE (In years last birthday) 91   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY at home  |  | 11. BIRTHPLACE (State or foreign country) Osage County, Missouri                 |  |
| 12. CITIZEN OF WHAT COUNTRY? USA   |  | 13a. FATHER'S NAME Joseph Robinson   |  | 13b. MOTHER'S MAIDEN NAME Margaret Ann Sutton  |  | 14. NAME OF HUSBAND OR WIFE George H. Johnson                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  |  | 16. SOCIAL SECURITY NO. none   |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. E.O. Seifert, 613 3rd, Carthage, Mo.            |  |  |  |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.            |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic   |  | interstitial   |  |  |  | 6 yrs  |  |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b)   |  |  |  |  |  |
| DUE TO (c)   |  | II. OTHER SIGNIFICANT CONDITIONS Senility  |  |  |  | 4222   |  |
| 19a. DATE OF OPERATION none  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none  |  | 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) m. none  |  | 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 Sept 2, 1948, to Sept 12, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 3:30 p. m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE George H. Wood M.D. (Degree or title)   |  |  |  | 23b. ADDRESS Carthage Mo   |  | 23c. DATE SIGNED Sept 14 49  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial   |  | 24b. DATE Sept 14, 1949  |  | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery                                  |  | 24d. LOCATION (City, town, or county) (State) Jasper, Mo.                        |  |
| DATE REC'D BY LOCAL REG. Sept 14 1949  |  | REGISTRAR'S SIGNATURE L. B. Clinton  |  | 25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.                         |  | ADDRESS  |  |

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

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RECEIVED 9-20-49

Jasper County Health Office

County File Number 49-9-707

Date Filed 9-24-49

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lois P Knell

Licensed Embalmer No. 4464

P. O. Address Carthage, 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.