

BIRTH NO.		REG. DIST. NO. 67		PRIMARY REG. DIST. NO. 4112		Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Christian				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta Township		c. LENGTH OF STAY (If in this place) 65 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta Township 0720		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Sparta Township				d. STREET ADDRESS Sparta Township				
3. NAME OF DECEASED a. (First) Bertha			b. (Middle) Odessa		c. (Last) Johns		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1877		9. AGE (In years last birthday) 75 Yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper Douglas			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE J. L. Johns			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth St. John, Sparta, Missouri			
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug. 6, 1952, to Sept. 24, 1952, that I last saw the deceased alive on Sept. 21, 1952, and that death occurred at 8 1/2 p.m. from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) Harold P. Nelson				23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED Sept. 27-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Missouri			
DATE REC'D BY LOCAL REG. Sept. 29, 1952		REGISTRAR'S SIGNATURE Emma Jean Hughes		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark, Mo.		

10-1-32

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.