

7. S. No. 2
OM-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6455**
Registrar's No. **8**

FILED FEB 15 1943
Registration District No. **1531243**

Primary Registration District No. **5512**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**

(c) City or town **rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Honey Creek Twp**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.

3. (a) PRINT FULL NAME **Johanna Patience Converse**

3. (b) If veteran name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23** year **1942** hour **8:55 P** M.

21. I hereby certify that I attended the deceased from **Dec 14** to **Dec 21** 19**42** that I last saw her alive on **Dec 21** 19**42** and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 8 - 1871**
(Month) (Day) (Year)

Immediate cause of death **Cardiac Insufficiency** Duration

8. AGE: Years **71** Months **3** Days **15** If less than one day hr. min.

Due to **Chronic Gall Bladder infection**

9. Birthplace **Clinton Mo**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Housewife**

Other conditions **Renal disability**
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations **92**

12. Name **Wm H O Sullivan**

Of autopsy **no**

13. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Drew**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ellen Converse**
(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **Dec 26-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **J W Galbreath** (M. D. or other) **0**
Address **0 Vanhook Mo** Date signed **12-24-42**

18. (a) Signature of funeral director **Sporey**
(b) Address **Clinton Mo**

19. (a) **Dec 23 1942** **Georgia Kitcher**
(Date received local registrar) (Registrar's signature) 9, K.

RECEIVED

District Health Officer No. 7;

District File Number

1-43-115

Date Filed

2-8-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. Kenneth Jackson
Licensed Embalmer No. 3959
P. O. Address Clinton Md

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.