

FILED JUL 17 1943

State File No.

Registration District No. 183

Primary Registration District No. 4296

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Browning
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Browning
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME

Annie E Johnson

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 5 1943 to June 23 1943 that I last saw her alive on June 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration

8. AGE: Years 90 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Sullivan Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name William Calhoun
13. Birthplace Ohio
14. Maiden name Melvina W. Gray
15. Birthplace Pa.

16. (a) Informant Mrs. Ella Thurbo

(b) Address Browning, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof June 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hoover Cem. Browning

18. (a) Signature of funeral director Severens

(b) Address Milan, Mo. Frank D.

19. (a) July 16 1943 (Date received local registrar) (b) Mrs. C. C. Woolf (Registrar's signature)

Due to

Due to

Other conditions Scurvy (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. D. Mart (M. D. or other) M. D.

Address Browning, Mo. Date signed 7-6-43

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

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.....

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

Signed

Frank D. Schoen

Licensed Embalmer No.

2016

P. O. Address

Milan, 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.