

S. No. 2
4-9-4-41
5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31724

State File No.

Registrar's No. 188

Registration District No. 194637

Primary Registration District No. 5508

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montreal Mo
(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 1 (Specify whether
In this community 1 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west of Montreal Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME MARY a. JOHNSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Divorced

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

7. Birth date of deceased Oct 20 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 11 4 hr. min.

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. (a) Name Thomas P. Wilson

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Shella Johnson

(b) Address Montreal Mo

17. (a) Burial (b) Date thereof Sept 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montreal Mo

18. (a) Signature of funeral director William Bus

(b) Address Montreal Mo

19. (a) Sept 29 1943 (b) Georgia Kitchen
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 1943
year..... hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1
1937, 1937, to Sept 24, 1943
that I last saw her alive on an about June 1, 1943
and that death occurred on the date and hour stated above

Immediate cause of death Heart failure
Duration

Due to Arterial sclerosis

Due to Chronic Nephritis

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1318

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? No (Specify type of place) (e) Means of injury.....

23. Signature Dr. P. Hansen (M. D. or other) MD

Address Appleton Ar Mo Date signed 9-25-43

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

4200

1067

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,
District File Number 9-43-997
Date Filed 10-7-43

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
on the 24 day of Sept 1943, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee
Licensed Embalmer No. 1099
P. O. Address Appleton City, Wis.

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.