

FILED JUN 14 1945

State File No. ....

Registration District No. 139

Primary Registration District No. 4216

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community 20 yr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Calhoun 11  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sally Maud Johnson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1945 hour 8 PM minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ola Johnson

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 16 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1944 to Apr 20 1945  
that I last saw him alive on Apr 20 1945  
and that death occurred on the day and hour stated above.

8. AGE: Years 65 Months 8 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Heart irregularities

Duration \_\_\_\_\_

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation House wife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: AK

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name R C Rogers

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

14. Maiden name Maria Clay

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

16. (a) Informant Ed Johnson

(b) Address Calhoun Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof May 16 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury ✓

18. (a) Signature of funeral director J A Houser

(b) Address Calhoun Mo

19. (a) May 18 (b) Myrtle Providence  
(Date received local registrar) (Registrar's signature)

23. Signature Brumwell (M. D. or other) MD

Address Brumwell Date signed May 14 1945

RECEIVED

District Health Officer No. 7,

District File Number 5-45-575

Date Filed 6-12-45

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 myself.

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3502

P. O. Address Calhoun 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.**