

No. 2
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17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36327

Registration District No. 837

Primary Registration District No. 4517

Registrar's No. 7

1. PLACE OF DEATH

- (a) County Sullivan
(b) City or town Humphreys, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME MRS HANNAH ELIZABETH JOHNSON

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife Robert Johnson 6. (c) Age of husband or wife if alive 5 1861 (Day) (Year)
7. Birth date of deceased April (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Robert Cooper
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mary Person
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Booker
(b) Address Humphreys Mo

17. (a) Burial (b) Date thereof 10-28-41 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Humphreys Mo

18. (a) Signature of funeral director PK Paynter
(b) Address Salt Mo

19. (a) Oct 30-1941 (b) Lulu Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Sullivan
(c) City or town Humphreys Mo (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1941 hour 10 minute 55 a.m.

21. I hereby certify that I attended the deceased from Sept. 7 1941, to Oct 25 1941;
that I last saw her alive on October 23 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death Cancer of the left breast with metastasis to the stomach and intestine Duration 10 years

- Due to

- Due to

- Other conditions 50 (Include pregnancy within 3 months of death)

- Major findings: Of operations none

- Of autopsy none

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 R. J. Biery (M. D. or other) 90
Address Salt, Missouri Date signed 10/27/41

170 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2027

Date Filed NOV 13 1941

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

P. K. Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

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.