

DEC'D SEP 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29777

Do not use this space.

1. PLACE OF DEATH

(a) County MOREAU Registration District No. 597
 (b) Township MOREAU Primary Registration District No. 5292A Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

425 Jacophine Johnson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
MOREAU County (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. C. Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 12
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Missouri
 13. NAME Tasco Davenport
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 15. MAIDEN NAME Sarah Wood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia
 17. INFORMANT (ADDRESS) Mrs. J. Rollings
Berrett, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Cemetery DATE Aug 24 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Powell
Versailles, Mo
 20. FILED 9/10, 1939 H. E. Callison
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1939, to Aug 23, 1939
 I last saw her alive on Aug 21, 1939. Death is said to have occurred on the date stated above, at 2:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
8-17-39

Other contributory causes of importance:

arterial sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Gunn, M. D.
Versailles, Mo
527 (Address)

RECEIVED

District Health Officer No. 7,

District File Number 739-13

Date Filed 9-13-39

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,

Gene Bartram

, or by

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

Signed

Gene Bartram

Licensed Embalmer No.

4021

P.O. Address

Versailles, Or

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, above space should be left blank.