

FILED SEP 23 1941

Registration District No. **259**

Primary Registration District No. **4158**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **DE KALB** **ADDED**
(b) City or town **MAUSVILLE 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
In this community **ALL OF LIFE** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SARAH TRISCILLA JOHNSON**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Geo. W. Johnson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 28 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 28 hr. min.

9. Birthplace **DE KALB Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

12. Name **THOMAS W. REDMAN**

13. Birthplace **DE KALB Co. Mo.** (State or foreign country)

14. Maiden name **MARY SHAPMITHORN**

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

16. (a) Informant **Ray Johnson**

(b) Address **MAUSVILLE MO**

17. (a) **Current** (b) Date thereof **7-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stephensville Cemetery**

18. (a) Signature of informant **THOMAS W. REDMAN**

(b) Address **MAUSVILLE MO**

19. (a) **8-22-41** (b) **Co. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **DE KALB** **032**
(c) City or town **MAUSVILLE** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months **JULY** day **26**
year **1941** hour _____ minute **P.M.**

21. I hereby certify that I attended the deceased from **1-16 1899** to **7-26 1941**
that I last saw her alive on **7-26 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **ACUTE CORONARY OCCLUSION** Duration **30 MIN.**

Due to **GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION** **URINARY**

Due to _____

Other conditions **94a**
(Include pregnancy within 3 months of death)
CHRONIC CHOLECYSTITIS

Major findings:
Of operations _____

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?

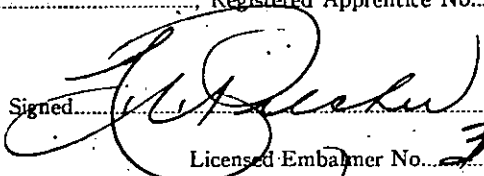
(Specify type of place)
While at work? _____ (a) Means of injury **0**
23. Signature **John M. Cooper M.D.** (M.D. or other)
Address **MAUSVILLE, MO** Date signed **7-29-41**

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..... 
Licensed Embalmer No. 3960
P. O. Address Mayoull N

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.