No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3147

State File No.

Registration District No. 280 Primary Registration District No. 5959 Registrar's No. 23

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

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Rural Fair Twp
(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 no (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83
(a) State Missouri (b) County Platte 0
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. North of Platte City
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alemena Johnson Flora
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 married
6. (b) Name of husband or wife Herman Flora
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec. (Month) 9 (Day) 1898 (Year)

8. AGE: Years 44 Months 1 Days 5 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name David Johnson
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Almena Stewart
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Hemman Flora
(b) Address Platte City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.
18. (a) Signature of funeral director W. R. Vaughn
(b) Address Weston Missouri
19. (a) 1-21-43 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1943 hour 11:50 minute M.

21. I hereby certify that I attended the deceased from Nov. 10, 1941, to Jan. 14, 1943
that I last saw her alive on Jan 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, acute	10 days
Endocarditis, Chronic	5 yrs.
Due to Chronic Nephritis	5 yrs.
Due to Cirrhosis of Liver	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

124 P1

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) none
(b) Date of occurrence
(c) Where did injury occur? none (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? no (e) Means of injury
23. Signature R. J. Feeling (M.D. or other) D.O.
Address Weston Mo. Date signed 1/16/43

1204

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 2-43-13

Date Filed 2-2-43

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

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.