

FILED MAY 16 1946
132

Registration District No. _____

Primary Registration District No. 4203

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Galt 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 BLANCHE ADELINED JOHNSON

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Roy Johnson 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 22 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 10 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William H Rooks
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Susan Jane Cox
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Woodrow Johnson
(b) Address Galt Mo

17. (a) Burial (b) Date thereof Apr. 3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnston Cem.

18. (a) Signature of funeral director W. D. Payne & Son

(b) Address Galt Mo

19. (a) 4-3-46 (b) J. E. Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Galt, Mo
(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: Month Apr, day 1
year 1946 hour 12 minute 49 P.M.

21. I hereby certify that I attended the deceased from 4-1-46 to 4-1-46
that I last saw her alive on 3-20-46
and that death occurred on the date and hour stated above.

Immediate cause of death Pemphigus Duration 1 yr.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 15312
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Westcott (M. D. or other) _____
Address Galt, Mo. Date signed 4-2-46

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

DISTRICT HEALTH OFFICER
Cameron, Mo.

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.