

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 BIANCHE ADELINE JOHNSON

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

4. Sex Female 5. Color or race Wh 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 1987
(Month) (Day) (Year)

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

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

10. Usual occupation housewife

11. Industry or business _____

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 4-1-1946 to 4-1-1946
that I last saw her alive on 3-20-1946
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 13 2
Of autopsy 15 2

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 MI

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

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Camden, Md.

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.