

**FILED APR 15 1941**

Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Moniteau County**  
(b) City or town **California, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **58 yrs** (Specify whether)  
In this community **1** years, months or days

3. (a) PRINT FULL NAME **Norah Johnson**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)  
7. Birth date of deceased **June 17 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **0** If less than one day  
hr. min.

9. Birthplace **Moniteau County** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Ira Robertson**  
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **ANNA Clark**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Norah Johnson**  
(b) Address **California Mo.**  
17. (a) **Burial** (b) Date thereof **March 20. 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **City Cent. California**

18. (a) Signature of funeral director **Bowlin Funeral Home**  
(b) Address **California, Mo.**

19. (a) **3-20-41** (b) **N.R. Roperay**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

**Missouri** (a) State **Moniteau** (b) County  
**California, Mo.** (c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. **0** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **17th** day **March**  
year **1941** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **9-25-** 19**34** to **3-17-** 19**41**;  
that I last saw her alive on **3-17-** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Indigestion** Duration  
**and myocardial**  
**several vomiting**  
Due to **Had a stroke Sep. 25th 1934. was never able to walk or use the right side after that.**  
Other conditions **Relat-on brain**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **no**

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? **504**  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **N.R. Roperay** (M. D. or other) **113**  
Address **California Mo** Date signed **6**

**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.....

*Earl R. Boulton*

Licensed Embalmer No.....

*2126*

P. O. Address.....

*California*

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

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17426

Registration District No. 571

Primary Registration District No. 4330

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Monteale  
(b) City or town California  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME

Norah Johnson

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

F

5. Color or

Red

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him \_\_\_\_\_ live on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature H. R. Poppey (M. D. or other)

Address California State signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

SUPPLEMENTARY

11426

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**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.....

P. O. Address.....

**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.**