

No. 2
-13-40
-17-39
X23159

FILED JAN 25 1941 6 34
Registration District No. 1634

Primary Registration District No. 58 H 4

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Rural
(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 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Phisley St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Gordon D. Johnson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 4 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6	20	hr. min.
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9. Birthplace Alton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Nolen Johnson

13. Birthplace Alton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Violet Simpson

15. Birthplace Alton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nolen Johnson

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 12/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs

18. (a) Signature of funeral director _____
(b) Address Thayer, Mo.

19. (a) _____ (b) Ernest Bailey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 19 1940 to Dec. 24 1940;
that I last saw him alive on Dec. 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Flu.

Due to flu

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

Duration 8dy.

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 [Signature] (M. D. or other) _____
Address Alton Ind. Date signed _____

Hilton

RECEIVED

Health Officer No. 5,

File Number 14135

date _____

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.