

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37769

State File No. _____

Registrar's No. 317

FILLED DEC 8 1947
Registration District No. _____

Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia, Mo.
(c) Name of hospital or institution: University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs 20 min
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Glasgow 45
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Alexander Newton Johnson
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 26
year 1941 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov 26
1941, to Nov 26, 1941;
that I last saw him alive on Nov 26, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Johnson 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (date not known) 1858
(Month) (Day) (Year)

Immediate cause of death Strangulated Redundant Hernia
Due to Intestinal Obstruction
Due to chronic myocarditis
Other conditions Senility
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 5 Days ? If less than one day _____ hr. _____ min.

Major findings: Strangulated Redundant Hernia
Of operations _____
Of autopsy same
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Lisbon, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business _____
12. Name Major Johnson
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Evelyn Johnson
(b) Address Glasgow, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-41
(Month) (Day) (Year)
(c) Place: burial or cremation Glasgow, Mo.
18. (a) Signature of funeral director T. P. McCreary
(b) Address Glasgow, Mo.
19. (a) 11/26/41 (Date received local Registrar) (b) Allie Selby (Registrar's signature)

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 Karl J. Decker (M. D. or other) _____
Address Glasgow, Mo. Date signed 11-26-41

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.....

W. J. Crary
3153
Glasgow, Mo

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.