S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42941

Registration District No. 784 | Primary Registration District No. 202 | Registrar's No. 2616

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 12/15/41 (Specify whether years, months or days)
In this community: Since 12/15/41

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Illinois (b) County: 11
(c) City or town: McLeansboro (If outside city or town limits, write "RURAL") 6
(d) Street No.: 108 W. Market Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: JOHNSON, Charles W.
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Vada Johnson
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: September (Month) 7 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	3	16	hr. min.

9. Birthplace: McLeansboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Physician
11. Industry or business: Practice of Medicine
MOTHER FATHER
12. Name: John W. Johnson
13. Birthplace: (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Louisa Harrison
15. Birthplace: (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mrs. Vada Johnson
(b) Address: McLeansboro, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation: McLeansboro, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.
19. (a) DEC 24 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1941 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from 12/15/41, 19..., to 12/23/41, 19...; that I last saw him alive on 12/23/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and — Duration
Due to: myocardial insufficiency. Duration - About 4 yrs.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None performed

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. W. Good, M.D. (M. D. or other)
Address: Acting Chief Medical Officer Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1942

APR 9 1944

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.