No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 298

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6023

41711

State File No.

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Knowlesville
(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. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nannie Johnson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race wh
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband ~~or wife~~ Grant Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 4 (Month) 1861 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	2	hr. min.

9. Birthplace Calaway County Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Dave Allen
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Courtney
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Lloyd Allen
(b) Address Polo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dockery
18. (a) Signature of funeral director Alspaugh & Cowley
(b) Address Polo Mo
19. (a) 12-10-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1942 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to advanced arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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?
(Specify type of place)
While at work? (e) Means of injury 12
23. Signature John F Baber Dep. Coroner (M. D. or other)
Address Richmond Mo Date signed 12/7/42

1143 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-11-43

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 Dean A Alspaugh
Licensed Embalmer No. 2908
P. O. Address Polo Mo

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

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