

S. No. 2
 OM-542
 Rev. 5-17-39
 P. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

7147

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

MAR 6 1943 205
 Registration District No.

Primary Registration District No. 4287

Registrar's No. 57

75
 0
 0
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Alton
 (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 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town Alton
 (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:

3. (a) PRINT FULL NAME James Thomas Johnson
 3. (b) If veteran, name war: -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 15
 year 1943 hour 9 minute 45 P. M.

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amanda Martin 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Aug. 8 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 14 1942 to Jan 15 1943
 that I last saw him alive on Jan 14 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 4 7 hr. min.

Immediate cause of death: Carcinoma of Maxillary Sinus
 Due to Secondary Anemia
 Due to Senility

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

Other conditions (Include pregnancy within 3 months of death)
55d

10. Usual occupation Farmer

Major findings: Of operations:

11. Industry or business

Of autopsy:

12. Name Benjamin H. Johnson

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

14. Maiden name Sarah Johnson

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

16. (a) Informant Ella Johnson
 (b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 1/17/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Many Springs Cem.

18. (a) Signature of funeral director: Res Carr
 (b) Address Thayer, Mo.

19. (a) 428 1943 (b) Thayer, Mo. Williams
 (Date received local registrar) (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 Thayer, Mo. (M. D. or other) MD
 Address Thayer, Mo. Date signed 1-8-43

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.....

..... 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.