

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 4 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4686**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. MARYS IN FIRMARY
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ (Specify whether
 years, months or days) **8 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9 18**
 (d) Street No. **3435 LA SALLE ST.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Magnolia Johnson**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. **None**

4. Sex **Female** **5. Color or race** **Negro** **6. (a) Single, widowed, married,** **divorced MARRIED**
6. (b) Name of husband or wife **TOM JOHNSON** **6. (c) Age of husband or wife if** **46** years
7. Birth date of deceased **abt. 1899**
(Month) (Day) (Year)

8. AGE: Years **abt. 44** Months **-** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **MACON LAKE, ARK.**
(City, town, or county) (State or foreign country)

10. Usual occupation **H.W.K.**

11. Industry or business _____

MOTHER FATHER
12. Name **LOTT MORRIS**
13. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Johnson**
(b) Address **Lake Village, Ark.**

17. (a) REMOVAL **(b) Date thereof** **5-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lake Village, Ark.**

18. (a) Signature of funeral director **Love Yell, Co.**
(b) Address **3103 Washington Ave.**

19. (a) MAY 20 1948 **(b) J. J. Brewster**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17** year **1943** hour **4:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 15 1943**
 _____, 19**43**, to _____, 19**43**
 that I last saw h^e alive on **May** _____, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death. **Meemic Coma**
 Duration **3**

Due to **Chronic Nephritis** **6 wks**

Due to _____

Other conditions **1 1/2**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **W. J. Brewster** (M. D. or other) _____
Address **2316 Maple St.** **Date signed** **5/19/48**

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

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..... *William Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Aldine St*.....

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.