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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3169

State File No. 17490

Registrar's No. 162

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural-Nine Mile Prarie Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Box 56, Williamsburg, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles R. Johnson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife wife Irene Johnson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 7 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	22	..... hr. ..... min.

9. Birthplace Williamsburg, Missouri, U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name John Johnson
13. Birthplace Callaway Co., Mo., U.S.A.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Liza Hughes
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Johnson
(b) Address Williamsburg, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Johnson Cemetry

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City, Mo.

19. (a) June 1 1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from May 28, 1943, to May 28, 1943;
that I last saw him alive on May 28, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prostate Carcinoma	1 yr.
Due to	
Due to	
Other conditions Arterial Hypertension (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr. Lloyd E. Hutchins (M. D. or other) D.O.
Address Fulton, Mo. Date signed 6/1/1943

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1943

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 C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City, 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.