

JUL 24 1943 318/28
Registration District No. **2000**

Primary Registration District No. **2000 2000**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 da.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian**
(c) City or town **Ozark**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July**, day **9th**, year **1943**, hour _____, minute **10²** M.
21. I hereby certify that I attended the deceased from **July 6**, 19**43**, to **July 9**, 19**43**
that I last saw him alive on **7/9/43**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **acute gastro-enteritis (bloody diarrhea) and pulmonary edema**
Due to **alcoholism probable or a factor**
Due to _____

Duration

Other conditions _____
(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)
(e) Means of injury _____

23. Signature **Ray D. Callaway** M. D. or other **MD**
Address **Springfield Mo** Date signed **7/12/43**

3. (a) PRINT FULL NAME **Fray Johnson**
3. (b) If veteran, name war **Unk.** 3. (c) Social Security No. **Unk.**

4. Sex **male** 5. Color or race **wht** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lena Roberts Johnson** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **Feb 5 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	5	4	hr. _____ min

9. Birthplace **Ozark Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ford dealer**

11. Industry or business _____

12. Name **Mr. A. J. Johnson**
13. Birthplace **Pontiac Ozark Co. Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Ford**
15. Birthplace **Pontiac Ozark Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Barbara Johnson, daughter**
(b) Address **Ozark Mo**

17. (a) **Removal** (b) Date thereof **July 9, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ozark Mo**

18. (a) Signature of funeral director **J. B. Chapin**
(b) Address **Ozark Mo**

19. (a) **7-12-43** (b) **W. Handy**
(Date received by registrar) (Registrar's signature)

934

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

39
2
6

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... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address. *Ozark 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.

X