

FILED OCT 25 1943 128

Registration District No. .... 128

Primary Registration District No. .... 2000

Registrar's No. .... 850

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

1. PLACE OF DEATH: **GREENE**

(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: **St. John's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

In this community **71 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene**

(c) City or town: **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1510 Maryland**  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: **0**

3. (a) PRINT FULL NAME **Charles Baker Johnson**

3. (b) If veteran, name war: **Unknown** 3. (c) Social Security No.: **Unknown**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Mrs. Cora Johnson** 6. (c) Age of husband or wife if alive: **Unknown** years

7. Birth date of deceased: **May 18, 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>71</b>	<b>4</b>	<b>26</b>	..... hr. .... min.

9. Birthplace: **Greene County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Carpenter**

11. Industry or business: .....

12. Name: **John D. Johnson**

13. Birthplace: **Unknown Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary E. Payne**

15. Birthplace: **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Cora Johnson**

(b) Address: **Springfield, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **Oct. 14, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Hazelwood Cemetery**

18. (a) Signature of funeral director: **Alma Lohmeyer** **Funeral Home**  
(City, town, or county)

(b) Address: **Springfield, Missouri**

19. (a) **10-15-43** (Date received local registrar) (b) **W. E. Hardley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **14th** year **1943** hour **1:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **10-8**, 19**43**, to **10-14**, 19**43**, that I last saw him **14** alive on **10-13-43**, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardio-renal-vascular disease**

Due to.....

Due to..... **131a**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....

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)

23. Signature: **W. E. Hardley** (M. D. or other) **MO**

Address: **Springfield, Mo** Date signed: **10-15-43**

(Licensed Embalmer's Statement on Reverse Side)

Duration

**18 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.

*not embalmed*

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.**

X