. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38449

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 219

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route #2, Carthage, Mo. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OLLIE MARIE JOHNSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 14, (Day) 1915 (Year)

8. AGE: Years 28 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry Lee Johnson
13. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Shands
15. Birthplace X (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. H. L. Johnson

(b) Address Route #2, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Nov. 20 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20, year 1943 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1943, to Nov. 20, 1943 that I last saw her alive on Nov. 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Septicemia	7 days
Due to (1) Vincents angina envolving left tonsil & larynx	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

32 P 3

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 Emery J. McIntire M. D. or other MD

Address Carthage Mo. Date signed NOV 20 1943

1203 (Licensed Embalmer's Statement on Reverse Side)

43-11-989

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. 2222

P. O. Address Carthage

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.