S. No. 2
M—2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43387

State File No.

FILED JAN 13 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514 Alabama St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 514 Alabama
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA JOHNSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race Colored

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

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

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

7. Birth date of deceased about 1862 (Month) (Day) (Year)

8. AGE: Years about 81 | Months | Days | If less than one day hr. min.

9. Birthplace (?) (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housefe

11. Industry or business

FATHER
12. Name (?) (?)
13. Birthplace (?) (City, town, or county) (?) (State or foreign country) 9

MOTHER
14. Maiden name (?) (?)
15. Birthplace (?) (City, town, or county) (?) (State or foreign country) 9

16. (a) Informant Sanford Williams
(b) Address Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director R.M.C. Green
(b) Address East St Louis Ill

19. (a) 12/17/43 (Date received local registrar) (b) F C Haley Deputy (Registrar's signature)

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 43 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 6 43, to Dec 6 43
that I last saw her alive on Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration 2 Mo

Due to Age

Due to

Other conditions Good 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy None

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) No
(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 D M Pearson (M. D.)
Address Louisiana Mo Date signed Dec 17/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-124
Date Filed JAN 12 1944

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 [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave St Louis 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.