

No. 2
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5-17-39
K32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11728

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Pettis

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

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 615 W Pacific
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Neges 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Beulah Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>			hr. min.

9. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business _____

12. Name: unknown

13. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: W. T. Bishop (Coroner)

(b) Address: Sedalia Mo

17. (a) Buried (b) Date thereof: 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Glenwood Cemetery

18. (a) Signature of funeral director: W. T. Bishop

(b) Address: 117 E. Jefferson St

19. (a) 4-1-44 (b) Wm Lma Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-31-44 to _____, 19____;
that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death: Found dead in bed evidently from organic heart trouble
Due to: Senility

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

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration _____
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: 3

23. Signature: W. T. Bishop coroner (M. D. or other) _____

Address: Sedalia Mo Date signed: 4-1-44

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

1172

(Licensed Embalmer's Statement on Reverse Side)

FILED
L. H. ... Registrar No. 3,
District File ...
Date Filed 4-12-44

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.