

FILED FEB 13 1945

Registration District No. 141

Primary Registration District No. 3075

Registrar's No. 7

1. PLACE OF DEATH:  
 (a) County Howell  
 (b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Christa Hogan Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 min.  
(Specify whether years, months or days)  
 In this community 30 minutes

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Douglas  
 (c) City or town Siloam Springs  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Judy Faye Johnson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: Dec. 13, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
 hr. 30 min.

9. Birthplace West Plains, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Edzel Johnson

13. Birthplace Douglas Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Smallwood

15. Birthplace Douglas Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Johnson  
 (b) Address Siloam Spgs. Mo

17. (a) Burial (b) Date thereof 12 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Jean

18. (a) Signature of funeral director Walter Altmann  
 (b) Address Siloam Springs Mo

19. (a) 1125 (b) Walter Altmann  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
 year 1944 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 9:15 A.M. Dec. 13, 1944 to 9:45 a.m Dec. 13, 1944  
 that I last saw her alive on Dec. 13, 9:45 A.M., 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth at five months cause unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 159  
(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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Signature Walter Altmann (M. D. or other) \_\_\_\_\_  
 Address West Plains, Mo Date signed 12/13/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6-1-1

1950

Death Certificate No. 5  
Licenses No. 24557  
Date Filed 2-8-45

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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.

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.