

Registration District No. 217

Primary Registration District No. 787

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston (rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R#3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miss.
 (c) City or town Charleston (rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. R#3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME William Johnson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28th
 year 1944 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from 12-20-44
 _____, 19____, to 12-27-44, 19____;
 that I last saw him alive on 12-27-44, 19____;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Colored
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Maude Johnson
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased June 11th 1862
(Month) (Day) (Year)

Immediate cause of death apoplexy
 Duration 1 day

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace N.K. Tenn.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer (retired)

11. Industry or business _____
 12. Name N.K.
 13. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)
 14. Maiden name N.K.
 15. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
J. J. J.

16. (a) Informant Maude Johnson
 (b) Address Cairo, Illinois
 17. (a) Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Oak Grove, Charleston, Mo.
 18. (a) Signature of funeral director John P. ...
 (b) Address Charleston, Mo.
 19. (a) (Date received local registrar) _____ (b) Registrar's signature W. J. ...

While at work? _____ (Specify type of place)
 (e) Means of injury J
 23. Signature W. J. ... (M. D. or other)
 Address Wya. St., Mo. Date signed 1-2-45

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

700

RECEIVED

District Health Office No. 2,

District-File Number 245-216

Date Filed 2-15-45

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

John P. Ammerlae Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, W. Va.

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.