. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7870

FILED MAR 16 1945

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2076

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2 Months - 1 day (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 802 N. Osage (If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Alexander Johnson

3. (b) If veteran, name war none

3. (c) Social Security No. 702-18-5546

4. Sex M

5. Color or race C

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

6. (b) Name of husband or wife Fannie B. Johnson

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1872 (Year)

8. AGE: Years 73 Months 0 Days 21 ~~19~~ If less than one day hr. min.

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

10. Usual occupation Wheel Helper

11. Industry or business Missouri Pacific Shops

FATHER
12. Name John Johnson
13. Birthplace (City, town, or county) Louisianna (State or foreign country)

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

16. (a) Informant Mrs. Fannie Johnson

(b) Address 802 N. Osage Ave. - Sedalia

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Minden, Louisianna

18. (a) Signature of funeral director J. B. Alexander

(b) Address 400 W. Cooper St

19. (a) MAR 3 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1945 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1945 to 3-1, 1945 that I last saw him alive on 3-1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Degeneration Lyt Hemiplegia

Due to Chronic Nephritis Moderate Hypertension

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. M. Boyd (M. D. or other) MD

Address 170 Pac Hosp Date signed 3-1-45

(Licensed Embalmer's Statement on Reverse Side)

2076

MAR 20 1945

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 E. P. Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.