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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 266

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Sparta Mo. 29 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lew Johnson

3. (b) If veteran, name war Mo. UNK

3. (c) Social Security No. UNK

4. Sex Male O

5. Color or race White 1

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. (Month) 20, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	9	hr. min.

9. Birthplace Christian Co. Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. M. Johnson
13. Birthplace Unk. Mo. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hiler
15. Birthplace Unk. Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Dave Johnson

(b) Address Sparta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fair View

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark, Mo.

19. (a) 3-31-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 29 year 1945 hour 1 minute 400 P. M.

21. I hereby certify that I attended the deceased from 3/27/45 1, 19, to 3/29, 1945 that I last saw him alive on 3/29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	3 days
Due to Peptic ulcer	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 117 a 2

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 Guy Dallaway (M. D. or other) MD

Address Springfield, Mo. Date signed 3/29/45

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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....S., Registered Apprentice No.....,

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Ozark, 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.