

S. No. 2
DM-5-43
v. 5-17-39
P. 1 X36671

FILED AUG 14 1945

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer, Mo.
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Johnson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife George W. Johnson

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

7. Birth date of deceased March 31 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 27, 1945, to June 13, 1945
that I last saw h. et. alive on June 13, 1945
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>78</u> | <u>2</u> | <u>13</u> | hr. _____ min. _____ |

Immediate cause of death Arterio Sclerosis **Duration** 4 years

Due to Age

Due to _____

9. Birthplace Izard County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James Martin

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

14. Maiden name Harriett Wallace

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

97

16. (a) Informant Lola E. Johnson

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 6/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 7-15-45 (b) Jac. J. Williams
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Jac. J. Williams (M. D. or other) 0
Thayer, Mo. Date signed June 20 1945

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

5
1
6

1112

Berno

RECEIVED

District Health Officer No. 5,

District File Number

845-335-

Date Filed

8-13-45

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.....

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.