

FILED NOV 10 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 138

Primary Registration District No. 4219

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Hickory

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory ⁴³

(c) City or town Weaubleau ^{#25}
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Orliff O Johnson

3. (b) If veteran, name war 705 3. (c) Social Security No. 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1945 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 29 1945 to Oct 1 57 1945 that I last saw him alive on Sept 30 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 8 years (Month) (Day) (Year)

7. Birth date of deceased 1-8-1871

Immediate cause of death Cerebral Thrombosis 2 day

Due to Probable arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

74 8 23 hr. min.

9. Birthplace (City, town, or county) And 1 (State or foreign country)

10. Usual occupation Retired

Major findings: Of operations g40 Of autopsy

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

11. Industry or business

12. Name Johanton C Johnson

13. Birthplace And 1 (City, town, or county) (State or foreign country)

14. Maiden name Harrist Regg

15. Birthplace And 1 (City, town, or county) (State or foreign country)

16. (a) Informant Leta Johnson

(b) Address Weaubleau, Mo

17. (a) Burial (b) Date thereof 10-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cutesigge Cemetery

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

18. (a) Signature of funeral director Silbert Kethaway

(b) Address Wheatland, Mo

19. (a) Oct 20-1945 (b) W.P. Hargiss
(Date received local registrar) (Registrar's signature)

23. Signature Pascor C Neunis (M. D. or other) M.D.
Address Sumnerville Mo Date signed 10-18-45

RECEIVED
District Health Officer No. 7;
District File Number 10-45-1099
Date Filed 11-9-45

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 Chas Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Westland, MD

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.