V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41227

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1055

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 515 - E - DALE
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE

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

(d) Street No. 515 - E - DALE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NORA JOHNSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. unk.

[redacted] 4. Sex Female 5. Color or race NEGRO

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased UNK. (Month) UNK. (Day) 1879 (Year)

8. AGE: Years 66 Months UNK. Days UNK. If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name CLARA BEDELL

15. Birthplace UNKNOWN (City, town, or county) unk. (State or foreign country)

16. (a) Informant MISS ALMEDA JOHNSON

(b) Address 515 - E - DALE Spfd., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN MEMORIAL

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 - N - Jefferson Spfd., Mo.

19. (a) 12-22-45 (Date received local registrar) (b) W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 45 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 24 1945 to Dec 21 1945 that I last saw him alive on Oct 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Lesion Organic

Due to

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 (M. D. or coroner)

Address Springfield Mo Date signed 12-22-45

(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.....

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

working under my personal supervision.

Signed Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.