

STANDARD CERTIFICATE OF DEATH

State File No. 42212

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: McCormick Hospital.
(d) Length of stay: In hospital or institution About 8 hrs.
In this community 49yrs 10mo. Ida.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo.
(d) Street No. 3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ogle Johnson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Elizabeth Black 6. (c) Age of husband or wife if alive 95 years

7. Birth date of deceased Dec 11 1895
8. AGE: Years 49 Months 10 Days 1 If less than one day hr. 0 min. 0

9. Birthplace Boone Co (City, town, or county) (State or foreign country)
10. Usual occupation Mail Carrier

11. Industry or business
12. Name Nelson Johnson
13. Birthplace Sewden (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Black

15. Birthplace Schyler Co. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Joe Barton
(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof Oct 15 1945
(c) Place: burial or cremation Perche

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.

19. (a) Nov. 1-45 (b) Paul Stelcious
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Oct
year 1945 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from Coroner team
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cause unknown
Audict of jury
Due to 2000

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 2000
Of autopsy 2000

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? _____

23. Signature W. Williams (M. D.)
Address Coroner Randolph Mo.

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

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

old pending request

JUN 18 1945

RECEIVED

District Health Officer No. 10

District File Number 12-45-1888

Date Filed DEC 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 James W. Stegner

Licensed Embalmer No. 37800

P. O. Address. Boonville, 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.