S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42614

Registration District No. 633 Primary Registration District No. 307-47611 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural (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 ..... In this community 10 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 5 Mile North Of Sikeston (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Allen W Johnson

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if living 29

7. Birth date of deceased 11 (Month) 24 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Rt#2 Sikeston (City, town, or county) Mo (State or foreign country)

10. Usual occupation X

11. Industry or business .....

FATHER 12. Name Alfreda Johnson

FATHER 13. Birthplace Scott Co. (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Alfreda Sikes

MOTHER 15. Birthplace Scott Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Alfreda Johnson

(b) Address Rt#2 Sikeston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/45 (Month) (Day) (Year)

(c) Place of burial or cremation Silent Hill

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 12-31-45 (Date received by local registrar) (b) Mrs T.F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1945 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 12-2 1945 to 12-4 1945 that I last saw him alive on 12-2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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 E.J. Nienstedt (M. D. or other)

Address Sikeston Mo Date signed 12-5-45

1644 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-72
Date Filed 1-10-46

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.