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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1946

State File No. 5063

Registration District No. 82 Primary Registration District No. 4143 Registrar's No. 14

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BLACKWATER
(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 years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town BLACKWATER 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME MOSE JOHNSON
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER (Month) 10 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	26	hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country) C
10. Usual occupation DAY LABORER
11. Industry or business FARMING
FATHER 12. Name JOHN JOHNSON
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) C
MOTHER 14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 4
16. (a) Informant AARON MONROE
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation NELSON, MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE, MO.
19. (a) 2-16-46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 5th year 1946 hour 8:15 minute a M.
21. I hereby certify that I attended the deceased from 2/3/46, 19..., to 2/3/46, 19...; that I last saw him alive on 2/3/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
left ventricular failure	
Due to mitral regurgitation	
Due to Cardiac hypertrophy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 C R Eggleston (M. D. or other)
Address Pilot Grove, Mo. Date signed 2/8/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-5-46

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 _____

_____ Registered Apprentice No. _____

working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.