. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8403

Primary Registration District No. 3002

Registrar's No. 36

4
1
2

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 621 W. Jackson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 65 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 621 W. Jackson (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Price Johnson
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-12-2861
4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Lillie Johnson
6. (c) Age of ~~husband or~~ wife if alive 64 years
7. Birth date of deceased Nov. (Month) 16 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	0	____ hr. ____ min.

9. Birthplace Mexico (City, town, or county) Mo! (State or foreign country)
10. Usual occupation Janitor
11. Industry or business ____
FATHER
12. Name Benjamin Johnson
13. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name ____
15. Birthplace unknown (City, town, or county) U (State or foreign country)
16. (a) Informant Mrs. Lille Johnson
(b) Address 621 W. Jackson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mexico, Mo.
18. (a) Signature of funeral director J. P. Alexander
(b) Address 400 W. Cooper St. - Sedalia, Mo.
19. (a) 2/20/1946 (Date received by local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 1946 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from 6-11-45, 19__, to ____, 19__; that I last saw him alive on 2-16, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Hemiplegia left side — Duration
Due to Hypertension
Due to ____
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 N. J. Eaton (M. D. ~~or other~~)
Address Mexico Date signed 2-18-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-474
Date Filed MAR-1-5-1946

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 J. Bryce Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia, 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.