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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1946

State File No. 13998

Registration District No. 253 Primary Registration District No. 5877 Registrar's No.

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

12901

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Piney Twsp.
(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
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ezra William Johnson

3. (b) If veteran, name war --

3. (c) Social Security No. 491-18-6299

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Blanche Cockman

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February (Month) 4 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	1	22	hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Feed Mill

FATHER
12. Name William Johnson
13. Birthplace Shannon County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mammie Sutton
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Ezra W. Johnson
(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Spring Cem.

18. (a) Signature of funeral director Leo Darr
(b) Address Thayer, Mo.

19. (a) 4/24/46 (Date received local registrar) (b) Mrs W. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 6, 1946, to March 26, 1946 that I last saw him alive on March 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to Aortic Regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94w

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 J E Williams (M. D. ~~or other~~)

Address Doniphan, Mo Date signed 4/16/46

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(Licensed Embalmer's Statement on Reverse Side) Williams

RECEIVED
District Health Officer No. 5,
District File Number 546327
Date Filed 5. 6. 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.....

Licensed Embalmer No.....

P. O. Address.....

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.