

**FILED** MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18557**  
Registration District No. **1003**  
Registrar's No. **4396**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: \_\_\_\_\_  
**Residence; # 724 Belt Ave., /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **CORA L. JOHNSON.**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **Female /**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed.**  
6. (b) Name of husband or wife **Bert H. Johnson,**  
6. (c) Age of husband or wife if alive **Dec'd.** years  
7. Birth date of deceased **October 23, 1871.**  
(Month) (Day) (Year)

8. AGE: - Years **74.** Months **6.** Days **21.**  
If less than one day hr. min.

9. Birthplace **Monticello, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

12. Name **Jasper M. Cooter.**  
13. Birthplace **Jonesboro, Te Tennessee.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Bash.**  
15. Birthplace **Frankfort, Kentucky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. L. Cooter.**  
(b) Address **601 S. Main, Holden, Mo.,**

17. (a) **Removal..** (b) Date thereof **5/16/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Holden, Missouri.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**  
(b) Address **7233 Delmar Blvd.**

19. (a) **MAY 16 1946** **J. F. Bredeek**  
(Date received for record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **ooc**  
(c) City or town **St. Louis** **12/7**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **724 Belt Ave.,** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **14**  
year **1946** hour **10:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **about April 19, 1946**, 19\_\_\_\_, to **May 14, 1946**, 19\_\_\_\_; that I last saw her alive on **May 14, 1946**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death:  
**1. Carcinoma of Descending colon.** **3-4yrs**  
**2. Nephritis** **6-8wks**  
**3. Terminal pneumonia**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **H6**  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (f) Means of injury \_\_\_\_\_

23. Signature **John S. ...** (M. D. or other) **6**  
Address **1126 N. ...** Date signed **5/16/46**

OCT 15 1947

Young  
1126 St. Louis Ave.  
CE 6176  
2:30 to 4 P.M.

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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, 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.