

FILED JUL 9 1946

State File No. _____

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
C. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton ²¹
(c) City or town Brunswick ¹
(If outside city or town limits, write "RURAL")
(d) Street No. E. Broadway ⁰
(If rural, give location)
(e) Citizen of foreign country? No. ⁰ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLLIE NORTON JOHNSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month JUNE day 17th
year 1946 hour 11 minute 40 P.M.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from April 5th
1946 to JUNE 15 1946

6. (b) Name of husband or wife E.B. JOHNSON 6. (c) Age of husband or wife if alive 66 years

that I last saw her alive on JUNE 15 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased 11 26 1884
(Month) (Day) (Year)

Immediate cause of death Cerebral Embolus ^{Duration 2 days}

8. AGE: Years 61 Months 6 Days 21 If less than one day _____ hr. _____ min.

Due to Hypertension ^{10 yrs}

9. Birthplace Merces County Mo. (City, town, or county) (State or foreign country)

Due to 83%

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
W.D. Stewart, M.D.

11. Industry or business H.D. NORTON

PHYSICIAN

12. Name H.D. NORTON

Major findings: Of operations _____

13. Birthplace Unknown (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Nancy Hainey

15. Birthplace Unknown (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant E.B. JOHNSON

(b) Address Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/1946 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director John A. Carleton

(b) Address Brunswick, Mo.

19. (a) June 29-46 (Date received local registrar) Mildred Boone (Registrar's signature)

(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) (e) Means of injury _____

23. Signature W.D. Stewart, M.D.

Address Brunswick Mo Date signed JUNE 17 ¹⁹⁴⁶

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 2-8-46

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 John A. Cantler
Licensed Embalmer No. 4387
P. O. Address Brunswick, 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.