. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29756

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 320

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether
In this community About 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville, Mo. (If outside city or town limits, write "RURAL") 1
(d) Street No. 404 Highland, Ave. (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANDREW NELSON JOHNSON

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July (Month) 7, (Day) 1861 (Year)

8. AGE: Years 85 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Savannah, (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jessie Johnson
(b) Address Caruthersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 9-27-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 1946 hour 2 minute 40p M.

21. I hereby certify that I attended the deceased from 9-24, 1946 to 9-24, 1946 that I last saw him alive on 9-24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with decompensation

Due to ① Long standing hypertension

Due to ② Hypertensive enephalopathy

Other conditions (Include pregnancy within 3 months of death) ③ Urinary retention

Major findings:
Of operations
Of autopsy ✓

93E

Duration

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 0

23. Signature Gilbert M. Estes (M. D. or other) MD
Address Jackson Mo Date signed 9-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2679

Date Filed 9-30-46

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 Jack H. Liggett, Registered Apprentice No. 407, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrollsville, MI

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.