V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

... THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

State File No. 30010

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 743

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 817 Washington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RACHAEL EELYN JOHNSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife M. D. Johnson
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. (Month) 6 (Day) 1896 (Year)
8. AGE: Years 50 Months 7 Days 5 If less than one day hr. min.
9. Birthplace Evergreen (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Prayler Stephens
13. Birthplace UNK. (City, town, or county) Alabama (State or foreign country)
MOTHER 14. Maiden name Margaret May
15. Birthplace UNK. (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Rev. M. D. Johnson
(b) Address 817 Washington Ave., Spfd., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brewton, Alabama
18. (a) Signature of funeral director Herbert V. Smith
(b) Address 702 N Jefferson, Spfd., Mo.
19. (a) 9-13-46 (Date received local registrar) (b) W. E. Hanley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 46 hour 10 minute 10 p. M.
21. I hereby certify that I attended the deceased from Aug. 23, 1946, to Sept. 11 1946, that I last saw h. alive on Sept 11 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	12 hrs.
Due to Hypertension	
Due to Diabetes Mellitus	
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 Lyman A. Brown (M. D. or other)
Address 311½ Boonville Springfield, Mo. Date signed Sept 12 1946

(Licensed Embalmer's Statement on Reverse Side)

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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield 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.