

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 13 1946**  
43

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32855

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

Registrar's No. 349

1. PLACE OF DEATH:

(c) County Butler

(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 3 days (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Paschel Ocea Johnson

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jo Nell Johnson 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January 15, 1906  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business General Store

12. Name A. L. Johnson

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

14. Maiden name May Elliot

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

16. (a) Informant Jo Nell Johnson

(b) Address RFD, Commerce, Missouri.

17. (a) Burial (b) Date thereof 10-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gave Springs, Mo.

18. (a) Signature of funeral director John J. ...

(b) Address Charleston, Missouri.

19. (a) 10-30-46 (b) ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 8 mi So. of Commerce  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th  
year 1946 hour 3:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1946 to Oct 17, 1946  
that I last saw him alive on Oct 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic encephalopathy

Due to Crushing injury

Due to being struck by train

Other conditions (Include pregnancy within 3 months of death)  
H.P. Car He was driving

Major findings: Of operation collided with railroad train

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 15, 1946

(c) Where did injury occur? Service Station Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? no (Specify type of place) (e) Means of injury Struck by train

23. Signature ... (M. D. or D. O.)

Address Poplar Bluff, Mo Date signed 10-23-46

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

RECEIVED

District Health Office No. 2,

District File Number 1146-1309

Date Filed 11-7-46

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**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.....

*Joe R. Nunnelee*

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.