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

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

State File No. 34257

FILED NOV 7 1946

Registration District No. 273 Primary Registration District No. 3047 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Sale Memorial Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Neosho R.F.D. # 5. 0
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME Agnes Charilene Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased August 19, 1946.
(Month) (Day) (Year)

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

9. Birthplace Granby Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ____

MOTHER FATHER

12. Name Charles E. Johnson 0

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

14. Maiden name Vay Agnes Renner

15. Birthplace Neosho Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Johnson

(b) Address Neosho Missouri R #5.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Granby Missouri

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Missouri

19. (a) Oct. 22. 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 20 OCTOBER, 1946, to 21 OCT, 1946 that I last saw him alive on 20 OCT, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. ACUTE NEPHRITIS	1 MO
Due to Congenital Syphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

NOF

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 L L Taylor MD (M. D. or other)

Address Neosho Missouri Date signed 22 Oct 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Neosho
District File Number 1046-163
Date Filed 11-6-46

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 Cooley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.