

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17198

State File No. _____

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 439

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town RURAL, S. Campbell TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
Specify whether

In this community 1 Day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Douglas 34

(c) City or town Bruner, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME T. Andy Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Mary Johnson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 7 7 1872
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>75</u> | <u>?</u> | <u>?</u> | hr. min. |

9. Birthplace Christian, Co., Mo.
(City, township, county) (State or foreign country)

10. Usual occupation Mail carrier & Farmer

11. Industry or business _____

12. Name Joseph Johnson

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

14. Maiden name Elizabeth Hart

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

16. (a) Informant Earl Johnson

(b) Address Route 6 Springfield

17. (a) Burial (b) Date thereof May 27 1947
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannell Cemetery

18. (a) Signature of funeral director: T. B. Chaffin

(b) Address Ozark Mo.

19. (a) 5-25-47 (b) Mr. Landry MO
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from MAY 24
1947 to MAY 25, 1947

that I last saw him alive on 5-25-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture Duration _____

Due to _____

Due to _____

Other conditions e-8
(Include pregnancy within 3 months of death)

Major findings: NO

Of operations NO

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) AUTO ACCIDENT

(b) Date of occurrence 5-24-47

(c) Where did injury occur? CHRISTIAN MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HIGHWAY
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. A. Michael (M.D. & other) _____
Date signed 5-25-47

(Licensed Embalmer's Statement on Reverse Side) Other Motor Vehicle

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

MOTHER, FATHER

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..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark 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.