No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 30 1947

Registration District No. 505

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1947 State File No. 32228

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: Wentzville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (Rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 5 Years

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

3. (d) PRINT FULL NAME: George Allen Johnson
3. (b) If veteran, name war:
3. (c) Social Security No.: 355-05-1246
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ollette
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: 6-3-1892 (Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 17 If less than one day hr. min.

9. Birthplace: Hopewell (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
FATHER
12. Name: Pat Johnson
13. Birthplace: Wentzville (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Sarah Motley
15. Birthplace: Wentzville Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Ollette Johnson
(b) Address: Wentzville Mo Route (2)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell Mo
18. (a) Signature of funeral director: Dennis Lowe
(b) Address: 3103 Washington St.
19. (a) 9/26/47 (Date received by local registrar) (b) Mrs. Leo Lewis (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-21-47 day year 1947 hour minute 6 P M.
21. I hereby certify that I attended the deceased from 6-1, 1947 to 9-21, 1947 that I last saw him alive on 9-20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular Thyroid	6 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: Oscar D. Allen (M. D. or other) MA
Address: Wentzville Mo Date signed: 9-26-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Treat

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-29-47

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.