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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947
Registration District No. 20

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6-8-87-4372

State File No. 39073
Registrar's No. 265

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Burlington Jct., Mo.
(c) Name of hospital or institution:
At own home in Burlington Jct., /
(d) Length of stay: In hospital or institution 2 Days
In this community 3 Years 8 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Burlington Junction 0
(d) Street No. None (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME CHARLES SUMNER JOHNSON
3. (b) If veteran, name war * * * * * 3. (c) Social Security No. * * * * *

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Rozetta Johnson 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 19, 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 8 * * * * * hr. min.

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

10. Usual occupation Farmer-Retired

11. Industry or business None

MOTHER FATHER
12. Name James Johnson 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Gray
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alva Hazelton
(b) Address Clearmont, Mo.

17. (a) Burial (b) Date thereof Nov. 30, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville Mo.

19. (a) Rec. 1, 1947 (b) Beas, H. H. (Registrar's signature) 370 (Date received local registrar) (City or town) (County) (State)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 27th year 1947 hour 2 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov. 25 1947 to Nov. 27 1947 that I last saw him alive on Nov. 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: gggg
Underline the cause to which death should be charged statistically. PHYSICIAN

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature L. E. Wallace, D. (M. D. or other) 2
Address Burlington Jct., Mo. Date signed 11/30/47

HEALTH OFFICE
Cameron, Mo.

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..... *Clay M. Price*

Licensed Embalmer No. *1822*

P. O. Address..... *Maryville, 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.