1/47
7-39

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 44062

FILED DEC 30 1947

Registration District No. 366

Primary Registration District No. 4536

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patricia Allena Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 3

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 5 (Day) 1947 (Year)

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business ~~Lewis Johnson~~

FATHER
12. Name Lewis Johnson
13. Birthplace Potosi (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Dimple Koontz
15. Birthplace Alton (City, town, or county) Ill (State or foreign country)

16. (a) Informant Dimple Johnson
(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo.

19. (a) Dec 10-47 (Date received local registrar) (b) Mrs G F Cressurle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26.
year 1947 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-25 1947 to 11-26 1947; that I last saw her alive on 11-26 1947; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Lobar Pneumonia

Due to following Whooping Cough

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 G F Cressurle (M. D. ~~or other~~)
Address Potosi Mo Date signed Nov 28. 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 1247-161

12-29-47

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 Howard Higginbotham Registered Apprentice No. 53 working under my personal supervision.

Signed C H Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.