No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. [illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15095

Primary Registration District No. 3072

Registrar's No. 72

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 635 N. Allen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---------
In this community: Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 635 N. Allen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -------

3. (a) PRINT FULL NAME: William Lewis Johnson
3. (b) If veteran, name war: ---------
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Susan Johnson
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Aug. (Month) 26 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	6	--- hr. ---- min.

9. Birthplace: Saline County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ------

FATHER
12. Name: Jasper Johnson
13. Birthplace: Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Johnson
15. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. William L. Johnson
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall, Mo.
19. (a) 4-2-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 2 year: 1948 hour: 3 minute: 07 A.M.

21. I hereby certify that I attended the deceased from March 4, 1948, to April 2, 1948, that I last saw him alive on 3-30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pulmonary congestion	3 Days
Due to: Carcinoma Stomach	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NO
Of autopsy: NO

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: 0

23. Signature: C. A. Veatch (M. D. or other) MD
Address: Marshall, Mo. Date signed: 4-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____
Date Filed 4-16-48

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 Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall 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.