S. 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 JUN 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16953

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 182

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution May 28, 1948 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Oakwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3806 Tilden 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Alta Mae Johnson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Russell M. Johnson Sr.
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October 8, 1904 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	7	24	hr. min.

9. Birthplace Monroe City Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business xx

FATHER
12. Name Roy Huff
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Ruby Little
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Russell M. Johnson Sr.
(b) Address 3806 Tilden
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director [signature]
(b) Address 902 Broadway Hannibal Missouri
19. (a) 6-5-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from 5/28/48, 19 to 6/2/48, 19;
that I last saw her alive on 6/2/48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pelvic Peritonitis	2 Days
suspected Mesenteric Thrombosis	7 Days
Diabetes Mellitus	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 4
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 [signature] M.D. (M. D. or other)
Address Hannibal Mo Date signed 6/2/48

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

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 John S Ward Registered Apprentice No. 35 working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.