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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19273

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 142

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 days (Specify whether
In this community 32 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Osceola
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓ 1

3. (a) PRINT FULL NAME Alice B. Johnson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas M Johnson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept (Month) 22 (Day) 1861 (Year)

8. AGE: Years 86 Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace St Clair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name C J Barr
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Martha Scobey
15. Birthplace Wilson County (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Ralph P Johnson
(b) Address Osceola Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Missouri
18. (a) Signature of funeral director F B Sudrick
(b) Address Osceola Mo
19. (a) 7-3-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day ~~2~~ 2
year ____ hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from 6-24, 1948, to 7-2, 1948
that I last saw her alive on 7-2, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia & acidosis	1 wk
Due to Carcinoma of stomach	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2/6 B	
Of autopsy	

PHYSICIAN
Underline the cause to 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 O
23. Signature G S Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 7-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-48-733
Date Filed 7-6-48

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed F B [illegible]

Licensed Embalmer No. 3038

P. O. Address Osceola 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.