—1/47
5-17-39

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

National Office of Vital Statistics

FILED SEP 1 1948

STANDARD CERTIFICATE OF DEATH

State File No. 27067

Registration District No. 27 Primary Registration District No. 3045 Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Missisippi
(b) City or town: Charleston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 622 Elm St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Missisippi
(c) City or town: Charleston (If outside city or town limits, write "RURAL")
(d) Street No. 622 Elm St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Tom Johnson
3. (b) If veteran, name war: ------
3. (c) Social Security No.: ------

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Susie Howard Johnson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 28, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 27 If less than one day: hr. min.

9. Birthplace: Clarksdale, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: ~~Farmer~~ Pensioner
11. Industry or business: ----------

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Records Miss.-County Welfare
(b) Address: Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: F. S. Sparks
(b) Address: Charleston, Missouri
19. (a) 8-26-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1948 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 6-24-, 1948 to 7-30-, 1948 that I last saw him alive on 7-30-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	8 mos. (Hist.)
Due to:	
Due to: Arteriosclerosis	12 mos. Hist.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: W. A. Fingal (M.D. or other) M.D.
Address: 204 S. Locust St. Charleston, Mo. 8-25-48

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

RECEIVED
District Health Office No. 2,
District File Number 848-1092
Date Filed 8-30-48

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 Frank Sparks

Licensed Embalmer No. 3855

P. O. Address Cape Girardeau 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.