

No. 2
5-43
5-17-39
X36671

FILED DEC 9 1948

Registration District No. 277

Primary Registration District No. 3045

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
412 S. Locust St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 20 years

3. (a) PRINT FULL NAME Alice Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife George Johnson

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

7. Birth date of deceased December 25, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>11</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Toreenza, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Housework

12. Name Jerry Lembs

13. Birthplace New Madrid, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace New Madrid, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert Lembs

(b) Address 412 S. Locust, Charleston, Mo.

17. (a) Burial (b) Date thereof Dec. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director: F. J. Sparks

(b) Address Charleston, Missouri

19. (a) 12-4-48 (b) Mr. John Bonduant
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 412 S. Locust St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 2:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10-20-48, 19____, to 11-30-, 1948
that I last saw her alive on 11-30-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration 6 mos (Hx)

Due to: Chronic Nephritis 10 mos (Hx)

Due to: _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 1310

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. A. Fungal (M. D. or other) _____

Address 404 S. Locust St. Charleston, Mo. Date signed 12-2-48

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

MOTHER FATHER

RECEIVED

District Health Office No.

District File Number 1248-16

Date Filed 12-7-58

NOV 18 1958

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 J. Sparks*.....

Licensed Embalmer No. *3403*.....

P. O. Address *Cape Breton, N.S.*.....

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.