

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14448**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 727	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Dupo		977 111 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) NOAH			a. (First) HARRISON		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) March 24 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 10 - 1873		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car. Rep. Man Retired		10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC RAILROAD		11. BIRTHPLACE (State or foreign country) IRONTON, MO		12. CITIZEN OF WHAT COUNTRY? MO	
13a. FATHER'S NAME THOMAS JOHNSON			13b. MOTHER'S MAIDEN NAME MARY-ELIZABETH-COOPER		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 72-18-5848		17. INFORMANT'S SIGNATURE OR NAME Marie Johnson, Dupo, Ill.			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia (hydrathic) day					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute cardiac failure 1 day ✓ DUE TO (c) Chronic myocarditis 422 ✓ Seil arteriosclerosis 930					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 26 , 1949, to Mar 24 , 1949, that I last saw the deceased alive on Mar 24 , 1949, and that death occurred at 3:00 pm. , from the causes and on the date stated above.							
23a. SIGNATURE C. Denny				23b. ADDRESS Creve Coeur, Mo		23c. DATE SIGNED 3-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 28-1949	24c. NAME OF CEMETERY OR CREMATORY MASONIC		24d. LOCATION (City, town, or county) (State) IRONTON MO		
DATE REC'D BY LOCAL REG. 3-28-49		REGISTRAR'S SIGNATURE Harold A. Washburn		FUNERAL DIRECTOR'S SIGNATURE Harold A. Washburn		ADDRESS Dupo, Ill.	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harold A. Washner

Signed _____
Student Embalmer

Licensed Embalmer No. 4621

P. O. Address Depo, Illinois

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.