

FILED OCT 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. **30840**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **315**

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1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra 0640	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 204 East St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Wallace	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 21 Feb. 1921	9. AGE (In years last birthday) 30	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME P. T. Johnson	13b. MOTHER'S MAIDEN NAME Georgia Ann Allen	14. NAME OF HUSBAND OR WIFE Delores Jean Douglas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. WW 2	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Johnson	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesartain poisoning from overdose		INTERVAL BETWEEN ONSET AND DEATH 60 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) overdose		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8:30 AM '51			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 064	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Sept 27**, 1951, to **Sept 29**, 1951, that I last saw the deceased alive on **Sept 28**, 1951, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Hill M.D. (Degree or title)	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 9/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1 Oct. 1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Missouri
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DATE REC'D BY LOCAL REG. 10-1-51	REGISTRAR'S SIGNATURE Dr. E. M. Ludeke	25. FUNERAL DIRECTOR'S SIGNATURE Lewis Brothers ADDRESS Palmyra Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 5 1951
MORGAN CO. HEALTH DEPT.
DATE FILED OCT 6 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.