

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1945 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27476
Registrar's No. 164

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton mo
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 4th
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 612 E Jefferson (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CHARLES Morton Johnson
3. (b) If veteran, name war
3. (c) Social Security No. 490-05-9070

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2 year 1945 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from now to July 1, 1945
that I last saw him alive on August 1, 1945 and that death occurred on the date and year stated above.

4. Sex M 15. Color or race W
6. (a) Single, widowed, married, divorced M
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 8 1891
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis
Due to coronary infarct 8 mo.
Duration

8. AGE: Years 54 Months 3 Days 25
If less than one day hr. min.

9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
12. Name Charley Johnson
13. Birthplace Ind
(City, town, or county) (State or foreign country)
14. Maiden name Lettie Pretzen
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs May Johnson
(b) Address Clinton mo
17. (a) Burial (b) Date thereof 8-5-45
(burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (a) Signature of funeral director Consalud & Beck
(b) Address Clinton mo
19. (a) Aug 6 (b) Myrtle Beardslee
(Date received local registrar) (Date of state certificate)

While at work? (Specify type of place)
(c) Means of injury
23. Signature R. J. Powell
Address Clinton mo Date signed 8/4

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

MOTHER FATHER

MAY 19 1948

SEP 18 1945

RECEIVED

Dis...

Date Filed

8-40-888

9-6-888

SEP 12 1945

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 J. E. Connelley
Licensed Embalmer No. 1891
P. O. Address Clinton ms

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.