

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
203 N. WASHINGTON ST. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether  
In this community ENTIRE LIFE  
years, months or days)

3. (a) PRINT FULL NAME ALVA P. JOHNSON

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. 702-07-9246

4. Sex M. D 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Opal Wells Johnson 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased July 24 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Clinton, Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Employee

11. Industry or business

12. Name Thomas D. Johnson 7

13. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Dorice Mae Jones

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Johnson

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof June 7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director H. S. Vassant

(b) Address Clinton, Mo.

19. (a) 6-7-48 (b) H. S. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 N. Washington St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1948 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from June 3  
1948 to June 5, 1948  
that I last saw him alive on June 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration 7 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 47A

Of autopsy \_\_\_\_\_

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) (c) Means of injury D.

23. Signature H. S. Walker (M. D. or other) M.D.

Address Clinton Date signed 6-6-48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-628

Date Filed 6-16-48

JUN 23 1946

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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 W. J. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.**