

FILED JAN 13 1943 98

State File No. _____

Registration District No. _____

Primary Registration District No. 6023

Registrar's No. 234

1. PLACE OF DEATH

(a) County Ray
(b) City or town Rural Knoxville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1942 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to advanced arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
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 12
23. Signature John F. Baber Dep. Coroner (M. D. or other)
Address Richmond Mo Date signed 12/7/42

3. (a) PRINT FULL NAME Nannie Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Grant Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4 - 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Dave Allen

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

14. Maiden name Nancy Courtney

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

16. (a) Informant Lloyd Allen

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockey

18. (a) Signature of funeral director Alvaugh Cowley

(b) Address Polo Mo

19. (a) 12-10-42 (b) Dabner
(Date received local registrar) (Registrar's signature)

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

9
0
0

RECEIVED

Subject Health Officer No. 8,

District File Number.....

Date Filed 1-11-43

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.....

Dean A. Alspaugh

Licensed Embalmer No.....

2908

P. O. Address.....

Pelo 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.