

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23808**

FILED AUG 9 1948

Registration District No. **274**Primary Registration District No. **3052**Registrar's No. **223**

## 1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **207 E. St. Louis**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **55 yrs.** (Specify whether years, months or days)  
In this community **55 yrs.**

3. (a) PRINT  
FULL NAME

**Alice Johnson**  
3. (b) If veteran, name war. **—** 3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married **2 divorced. Widowed**  
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **17** years (Month) (Day) (Year) **Oct. 17 1878**

8. AGE: Years **70** Months **9** Days **8** If less than one day hr. **—** min. **—**

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

10. Usual occupation **Domestic**

## 11. Industry or business

MOTHER FATHER { 12. Name **William Johnson**  
13. Birthplace **Warrensburg, Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Fannie Payne**  
15. Birthplace **California, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Harry Christian**  
(b) Address **207 E. St. Louis, Sedalia, Mo.**

17. (a) **Removed** (b) Date thereof **7-28-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery - California**

18. (a) Signature of funeral director **J. P. [illegible]**

(b) Address **400 W. Chapin, Dr. Sedalia, Mo.**

19. (a) **7-28-48** (b) **Betty Yeager** (Date received local registrar) (Registrar's signature)

(c) **—** (Date of death) (City, town, or county) (State or foreign country)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia** (If outside city or town limits, write "RURAL")  
(d) Street No. **207 E. St. Louis** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **—**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25** year **1948** hour **10** minute **20** P.M.

21. I hereby certify that I attended the deceased from **April 24 - 1948** to **July 25 - 1948**  
that I last saw her alive on **July 25 - 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** Duration **—**

Due to **arterio-sclerosis**  
Due to **chronic interstitial nephritis**  
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.

## 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 **—**

23. Signature **A. R. Maddox** (M. D. or other) **M.D.**  
Address **1162 W. Main** Date signed **7-28-48**

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-6-48

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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 \_\_\_\_\_

Licensed Embalmer No. 4248

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.