

Dr. E. E. Johnson
State File No. 17890
Registrar's No. 386

ED JUN 3 1943

128

5466

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

GREENE

(a) County Greene
(b) City or town Rural Springfield, Campbell
(c) Name of hospital or institution: Route 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. Route 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th,
year 1943 hour 6:40 minute A. M.
21. I hereby certify that I attended the deceased from 10-31-42
1942 to 5-7 1943
that I last saw him alive on 5-7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
cardiac aneurysm
Due to arterio sclerotic heart disease
Due to atherosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
2 da.
1 year
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify line of place) _____
(Specify means of injury) _____

23. Signature E. E. Johnson (M. D. or other) _____
Address Springfield, Mo. Date signed 5/10/43

3. (a) PRINT FULL NAME Ezekiel Touksbury Page

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Effie Page 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 1, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Cuba, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business Grocery

MOTHER FATHER { 12. Name Marion Page
13. Birthplace Unknown New Hampshire
(City, town, or county) (State or foreign country)
14. Maiden name Marion Cox
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Page
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof May 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery
Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director _____
(b) Address Springfield, Missouri

19. (a) 5-13-43 (b) E. E. Johnson
(Date received local transfer) (Registrar's signature)

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

9
5
0

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.....

Harlow Knable

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.

X