WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 25 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28945

File No.

Registered No.

1. PLACE OF DEATH

36 County Franklin — Registration District No. 216

Township ~~Union~~ — Primary Registration District No. 4180

7 City Union (No. ..... St. ..... Ward)

2

2. FULL NAME Joseph Johansmann

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	8	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor 237

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gildehaus, (STATE OR COUNTRY) Mossouri. 1

PARENTS

10. NAME OF FATHER Henry C. Johansmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gildehaus, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Clara M. Haberberger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neier, (STATE OR COUNTRY) Missouri.

14. INFORMANT Henry C. Johansmann (Address) Union, Mo.

15. FILED Sept 13 1932 E. A. Stonebarger REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 11 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 11, 1932 that I last saw him alive on Sept. 10, 1932 and that death occurred, on the date stated above, at 8:15 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver

124B 1 4 B

82D (duration) 1-2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Partial Hemiplegia

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Hm. Denny, M. D.

, 19 (Address) Union Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Immaculate Conception Church Cemetery Union, Mo. — DATE OF BURIAL 9/14 1932

20. UNDERTAKER Union Furniture Co. By Wm H. Horn — ADDRESS Union, Mo.