

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14019
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan
 (b) Township
 (c) City St. Joseph
 (d) Street No. 214 N. 20th St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ralph Milner Johnson
 (a) Residence, No. 214 N 20th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 8 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) March 1938
 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesburg Ohio

13. NAME John W. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

15. MAIDEN NAME Anna Milner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

17. INFORMANT Mrs Leontine Johnson
 (ADDRESS) 214 N 20th

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE April 4, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer
 (ADDRESS) 1302 Farron, St Joseph

20. FILED 4/4 38 H J Heitshus
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from MAR-19- 88 to Apr-1- 1938

I last saw him alive on MAR-3- 1938. Death is said

to have occurred on the date stated above, at 4:50pm m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset MAR-19

Other contributory causes of importance:

Hypertension
Chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify T. P. Howden, M. D.

(Signed) H. J. Heitshus, M. D. (Address) Kirkpatrick City, Mo

STATEMENT BY LICENSED EMBALMER

I, Walter H. Kelly Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Walter H. Kelly

Licensed Embalmer No. Mo. 3946

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.)