

1939 FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

City

St. Joseph

(No.

Primary Registration District No.

State Hosp # 2

File No.

1672

Registered No.

70

St.

Ward)

2. FULL NAME

Nels Johnson

(a) Residence, No.

2917 W. Yorkville

Kansas City

Ward 70

K.C. Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

5 yrs. 8 mos. 20 ds.

How long in U. S., if of foreign birth?

ys. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Feb 4 1883

7. AGE

YEARS 56

MONTHS 11

DAYS 19

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1933

11. Total time (years) spent in this occupation

Life

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

Sweden

13. NAME

John Johnson

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

Sweden

15. MAIDEN NAME

Elizabeth Nelson

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

Sweden

17. INFORMANT (ADDRESS)

State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE

Forest Hill Cem. DATE 1-26-39

19. UNDERTAKER (ADDRESS)

Schubert-Melroe 6900 Front St. Mo.

20. FILED

Jan 25 1939

W. J. Seitzler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 23 1939

22. I HEREBY CERTIFY, that I attended deceased from

Nov 18 1935, to Jan 23 1939

I last saw him alive on Jan 23 1939 Death is said to have occurred on the date stated above, at 4:10 pm.

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

Right Lobar pneumonia

Date of onset Jan 21 1939

Other contributory causes of importance:

Dementia Praecox

Name of operation None Contributory Date of

What test confirmed diagnosis? X-ray 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

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 (Signed) E. E. Nelson M. D.

(Address) 770 State Hospital St. Joseph

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.

11  
5  
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STATEMENT BY LICENSED EMBALMER

I, G W Hawthorne Licensed Embalmer No 3845,  
do hereby certify that the body recorded on the reverse side of this  
certificate was embalmed by me.

or by \_\_\_\_\_, Registered Apprentice No \_\_\_\_\_

(Signed) G W Hawthorne  
Licensed Embalmer No. 3845.

7. The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his own handwriting  
to comply with the above regulation constituting grounds for revocation of license.