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.

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

REC'D FEB 21 1939

1680
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 78
(c) City St. Joseph — (d) Street No. 1513 Seneca St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 525 Maude Hunter Johnson
(a) Residence, No. 1513 Seneca 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: Female
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: Horatio Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About April 1872
7. AGE: YEARS 66 — MONTHS ? — DAYS ? — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence Missouri
FATHER
13. NAME: John Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
MOTHER
15. MAIDEN NAME: Laura Sollinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Horatio Johnson 1513 Seneca Str. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: City Cemetery St. Joseph, Mo. DATE: Jan. 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.
20. FILED: Jan. 26, 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 24, 1939.
22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from Jan 24th, 1939 to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:15 m. PM
The principal cause of death and related causes of importance were as follows:
Injuries received when Accidently shot by husband
Date of onset
184
Other contributory causes of importance: none
Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/24, 1939
Where did injury occur? St Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot
Nature of injury Penetrated lungs
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Robert P.Clarkson, or by **********

Registered Apprentice No. *******, working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union St.Joseph, Mo.

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

If this body is not embalmed, above space should be left blank.