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.

11
5
7

REC'D MAY 11 1939

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

14295
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 418
(c) City St. Joseph 1 (d) Street No. Near 15th & Penn Street 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 525 Carl Edward Johnson
(a) Residence, No. 2805 Frances Street, St. Joseph
(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: Maxine Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 6, 1893
7. AGE: YEARS 46 | MONTHS 2 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Painter & Contracter
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: 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paxico, Kansas 1

FATHER
13. NAME: Neal Johnson 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Skone, Sweden 7

MOTHER
15. MAIDEN NAME: Betty Pearson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Skone Sweden

17. INFORMANT (ADDRESS): Mrs. Maxine Johnson 2805 Frances, St. Joseph
18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park Cem. DATE: April 19 1939
19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph
20. FILED: Apr 19 1939 H. J. Nestlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939 to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4:55P m.
The principal cause of death and related causes of importance were as follows:

Injuries Recieved when the Auto which he was driving, collided with another auto.

Date of onset

Other contributory causes of importance: None

2 10 m

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 4/17, 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. Public Place
Manner of injury Auto Accident
Nature of injury Fracture Skull

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. St. Jos. Mo.

(Licensed Embalmer's Statement on Reverse Side)

50M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 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 W. H. Kelly

Licensed Embalmer No. 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.)