

Registration District No. 538

Primary Registration District No. 5723

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Rural St. Michael
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Frank Pierce Johnson
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Batherine Collins Johnson
 6. (c) Age of husband or wife if alive: 84 years
 7. Birth date of deceased Aug 18 1852
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Marionton, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name Don't Know
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas E. Johnson
 (b) Address Fredericktown

17. (a) Burial (b) Date thereof Nov 3 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo

18. (a) Signature of funeral director Ed. J. Webb
 (b) Address Fredericktown, Mo

19. (a) Nov 3-1939 (b) S. G. Langhake
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town Rural - East of St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
 year 1939 hour 11 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Oct 1
1939, to Nov 1, 1939;
 that I last saw him alive on Nov 1, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic bronchitis</u>	<u>1936</u>
Due to _____	
Due to _____	
Other conditions <u>Chronic nephritis</u> (Include pregnancy within 3 months of death)	
Major findings: Of operations _____	
Of autopsy _____	

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature W. L. Borron MD (M. D. number) 1
 Address Fredericktown Mo Date signed 11-7-39

Ray A. Edwards
 Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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, or by.....

Ed. H. Webb

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ed. H. Webb

Licensed Embalmer No. *731*

P. O. Address *Fredericktown*

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.)

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