

Registration District No. 220-

Primary Registration District No. 3457

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH Greene Co. Mo.  
 (a) County Greene Co. Mo.  
 (b) City or town Walnut Grove  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 6 weeks \_\_\_\_\_ (Specify whether  
 years, months or days) \_\_\_\_\_

8. (a) PRINT FULL NAME Benjamin Grant Johnson  
 8. (b) If veteran, name war none 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August-23-1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>7</u>	hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation Well driller

11. Industry or business Well Drilling

MOTHER FATHER  
 12. Name James A. Johnson  
 13. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)  
 14. Maiden name Wanda K. Taylor  
 15. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Johnson  
 (b) Address Walnut Grove Mo  
 17. (a) Burial (b) Date thereof Dec-1-1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kelley Cemetery  
 18. (a) Signature of funeral director James A. Johnson  
 (b) Address Walnut Grove Mo  
 19. (a) Dec-1-1939 (b) Etta B. Mc Kelure  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Rural (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 November day 30  
 year 1939 hour 9 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from on  
Oct 31 1939 to Oct 31 1939;  
 that I last saw him alive on Oct 31 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of  
Arteries Right chest & flip

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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 \_\_\_\_\_  
 23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_  
 Address Walnut Grove Mo Date Dec 4 1939

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.

Edward G. Ross.

**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.....

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

Signed Gene A. Brown

Licensed Embalmer No. 21664

P. O. Address Walnut Grove

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

43424

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 325  
 (b) Township Wabank Twp Primary Registration District No. 5407  
 (c) City Wabank (d) Street No. \_\_\_\_\_ 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.

Registered No. \_\_\_\_\_

2. PRINT FULL NAME

(a) Residence, No. Benjamin Grant Johnson St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1929

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 3 7

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

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

Date of onset \_\_\_\_\_

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

Other contributory causes of importance: \_\_\_\_\_

FATHER 13. NAME James A. Johnson

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME Martha A. Taylor

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

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) S. M. Erling

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelley County DATE 11/30, 1929

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Brown Funeral Service

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

20. FILED 4/30 1930 Edna B. McCalister Local Registrar.

(Signed) J. B. Barber, M. D.

(Address) Wabank, Greene Co., Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

