

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 15

1. PLACE OF DEATH

(a) County Jackson Blaine Twp 2
(b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2 Independence Mo Highway 24
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 Independence MO
Highway 24 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ROBERT ALEXANDER JOHNSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgia A. Johnson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 4 1971
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Strawberry Plains Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Standard Oil Co

12. Name John Stanford Johnson

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Jane

15. Birthplace Paris Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia F. Johnson

(b) Address 347 Hwy R 2 B. 275

17. (a) Burial (b) Date thereof Jan 13 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Miles Cemetery

18. (a) Signature of funeral director J. W. Mitchell
(b) Address 3107 N. Main - Independence Mo

19. (a) Jan 13, 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1940 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from June
1939 to Jan. 1940
that I last saw him alive on Jan 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumonia

Due to myocardial degeneration

Due to ASC

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration
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. Higgins (M. D. or other) MD
Address Buchner Drive Date signed 1/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 me

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

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

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.