U. S. No. 2
1—11-10-39
V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10253

Registrar's No. 334

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

1. PLACE OF DEATH
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 W. Valley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 302 W. Valley
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Freddie Leo Johnson 525
3. (b) If veteran, name war ✓
3. (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 July, 17, 1912 (Month) (Day) (Year)
8. AGE: Years 27 Months 8 Days 7 If less than one day ____ hr. ____ min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business ✓
FATHER
12. Name J. W. Johnson
13. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Maude A. Shipman
15. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Kenneth Roberts
(b) Address 302 W. Valley St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Missouri
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) MAR 28 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1940 hour 5 minute 20a M.
21. I hereby certify that I attended the deceased from Mar 18, 1940, to Mar 24, 1940 that I last saw him alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. B. McGlow (M. D. or other) M.D.
Address St. Joseph Mo Date signed Mar 24 1940

(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, ~~or by~~ March 24, 194

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

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.