

FILED APP 18 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10298

Registration District No. 43

Primary Registration District No. 5124

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan *Crawford*  
(b) City or town Halleck  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Halleck, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Halleck  
house (If outside city or town limits, write "RURAL")  
(d) Street No. 1st West of Big Store in Halleck  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Johnnie Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-10-8922

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 September 8, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin Johnson  
13. Birthplace Unknown Iowa - I  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Bryant  
15. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Johnson  
(b) Address Halleck, Missouri

17. (a) Burial (b) Date thereof Mar. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Halleck Cemetery

18. (a) Signature of funeral director W. E. R. Sidenfaden  
(b) Address 602 South 10th St

19. (a) 3. 19. 1940 (b) W. E. R. Sidenfaden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 18 day Mar 18  
year 1940 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from Mar 14  
Mar 14 1940 to Mar 18 1940  
that I last saw him alive on Mar 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Tubercular Heart disease 1 year

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature E. B. McAdow (M. D. or other) \_\_\_\_\_  
Address Dr. Kalkins Date signed Mar 18 1940

Hall

RECEIVED  
District Health Officer No. 11,  
District File Number 440-508  
Date Filed APR 10 1940

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.

*Moh. Embalmed*

Signed R. V. West

Licensed Embalmer No. 3876

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.