

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME William W. 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 Married

6. (b) Name of husband or wife Carol Johnson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 12 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name D. C. Johnson

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

14. Maiden name Nancy Elizabeth

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

16. (a) Informant Mrs. Carol Johnson

(b) Address Advances Mo.

17. (a) Burial (b) Date thereof Mar 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director David Morgan

(b) Address Advances Mo.

19. (a) 3-4-40 (b) W. W. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advances
(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 Mar day 4
year 1940 hour 2: minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb 29/40
_____ 19____ to Mar 3 1940
that I last saw h. mi. alive on Mar 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block
Ch. myocardiitis

Due to Don't know
Stroke neg.

Due to _____
Other conditions Arteriosclerosis
(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? 21

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Carl W. Johnson (M. D. or other) _____

Address Cape Girardeau Date signed Mar 4 40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Lloyd D. Morgan

Licensed Embalmer No. *3361*

P. O. Address *Advance, 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.