

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15309

State File No.

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 Yrs.
years, months or days 5 2 8

3. (a) PRINT FULL NAME Walter J. Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Mar. 27, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Lafayette Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Buyer

11. Industry or business _____

MOTHER FATHER { 12. Name Wesley B. Johnson

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

14. Maiden name Sarah Snyder

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

16. (a) Informant Mrs. W. J. Johnson

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof April 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo. Cem.

18. (a) Signature of funeral director L. O. Newman

(b) Address Odessa, Mo.

19. (a) 4/8/40 (b) Mrs. E. M. Gardner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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 8 day Apr.
year 1940 hour 7:20 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 3, 1940, to Apr. 8, 1940
that I last saw him alive on Apr. 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to Primary Pulmonary Anemia
Due to Chronic Bronchitis
Other conditions Senility
(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? 4/6
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E. S. Madet (M. D. or other) _____
Address Odessa, Mo. Date signed 4/8/40

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

Date Filed _____
District File Number 5/19/40
District Health Officer No. 8
RECEIVED

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 George L. Ferguson
Licensed Embalmer No. 2541
P. O. Address Odeson 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.