

Registration District No. 508

Primary Registration District No. 5685

1. PLACE OF DEATH:

(a) County Livingston  
(b) City, or town Rural - Chillicothe, Mo.  
(c) Name of hospital or institution: Rich Hill Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 months  
In this community 2 1/2 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Wayne  
(c) City or town Lineville (Rural)  
(If outside city or town limits write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1940 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 15, 1940,  
that I last saw him alive on July 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke  
Due to: Stroke

Due to: Stroke  
Other conditions: 45  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: X  
Of autopsy: X

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence 7-9-40  
(c) Where did injury occur? 943  
(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) (e) Means of injury X

23. Signature R. P. Brennan (M. D. or other)  
Address Chillicothe, Mo. Date signed 7/9/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Adolph Johnson 525

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 Widowed

6. (b) Name of husband or wife Lelia Johnson 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 28, 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Anderson

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

14. Maiden name Unknown

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

16. (a) Informant G. Dana Johnson

(b) Address Chillicothe, Mo.

17. (a) Removal (b) Date thereof 7-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orndorff Cemetery, Hopevale, Illinois

18. (a) Signature of funeral director G. Brennan

(b) Address Hopevale, Ill.

19. (a) 7/9/40 (b) H. M. Grace, M.D.  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 11,

District File Number 240-1063

Date Filed AUG 9 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 myself

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

Signed O. O. Greuler

Licensed Embalmer No. 872

P. O. Address Lawrence Jones

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.