

SEP 16 1940 85
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 953

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:
MO-METH-HOSP-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 HOUR
(Specify whether
In this community 30 YRS.
years, months or days)

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. 1007 No 3. RD
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1940 hour 9 minute P M.

21. I hereby certify that I attended the deceased from
Aug 31st 1940, to _____, 19____;
at I last saw him viewed at 9:00 at 9:00
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Angina Pectoris

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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?
Yes

(Specify type of place)
While at work? _____ (e) Means of injury 5'

23. Signature Bluetadlock Coroner (M. D. or other) MD

Address King Hill Bldg Date signed 9-2-40

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 ARTHUR-WM-JOHNSON

3. (b) If veteran, name war 200 3. (c) Social Security No. 200

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Beatha Bell, Jr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 29 If less than one day hr. _____ min _____

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

10. Usual occupation Shoe maker - repair

11. Industry or business Leather worker

12. Name Thomas Johnson

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

14. Maiden name Callaway

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

16. (a) Informant Charles Johnson

(b) Address 1007 No 3rd St.

17. (a) burial (b) Date thereof Sept 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron ma.

18. (a) Signature of funeral director Ray Slawey

(b) Address St Joseph 200

19. (a) 9/3/40 (b) Bluetadlock
(Date received local registrar) (Registrar's signature) 25

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.....

August 31, 1940

Registered Apprentice No.

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

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.