

Registration District No. 751 Primary Registration District No. 5990

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Shannon
(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)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley
(c) City or town Naylor
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

8. (a) PRINT FULL NAME NAHLAN LEWIS JOHNSON

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 20 If less than one day hr. _____ min.

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

10. Usual occupation Farming 9

11. Industry or business _____

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Woodrow Johnson

(b) Address Naylor Mo

17. (a) Burial (b) Date thereof Aug 12 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdale Home

18. (a) Signature of funeral director M. J. ...

(b) Address Naylor Mo

19. (a) Aug 12 - 40 (b) Freudenthal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1940 hour 7:55 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 11, 1940, to Aug 11, 1940; that I last saw him alive on July 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

675 (Specify type of place) _____
While at work? _____ (Specify means of injury)

23. Signature Freudenthal (M. D. or other) _____
Address Naylor Mo Date signed 8/11/40

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

FILED OCT 23 1940

RECEIVED

District Health Officer No. 5,

District File Number 10401052

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.