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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38170

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1204

RED DEC 10 1940

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

**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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 40-or-50 Yrs. 1

**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. 415 Franklin (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Louis Johnson

3. (b) If veteran, name war .....

3. (c) Social Security No. 491-10-6189

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pearl-Johnson

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 10 (Month) — ? (Day) — 1876 (Year)

8. AGE: Years 64 | Months 10 | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Leavenworth (City, town, or county) — Kansas (State or foreign country)

10. Usual occupation Table-Waiter 1

11. Industry or business Country-Club

FATHER
12. Name Henry-Johnson 7
13. Birthplace West-India (City, town, or county) — Island (State or foreign country) 1

MOTHER
14. Maiden name Georgia-Easter
15. Birthplace Unknown (City, town, or county) — Mississippi (State or foreign country)

16. (a) Informant Henry-Johnson

(b) Address 1717-Schuniaker Atchison-KS

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Graves-Fun-Home

(b) Address 806-South-17th St.

19. (a) 11-23-40 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 15th year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-15-40 11-~~15~~ 15, 1940 to 11-15, 1940 that I last saw him alive on 11-15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to Mal-Nutrition

Due to .....

Other conditions (Include pregnancy within 3 months of death) 90

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? 8 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) 1 MD

Address St. Joseph Mo. Date signed 11-16-40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St Joseph

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**