

No. 2-1-17-39
-17-39
X23159

State File No. _____

Registration District No. 430

Primary Registration District No. 4283

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mr Vernon

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence

(c) City or town Mr Vernon MO (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

3. (a) PRINT FULL NAME Arthur O Johnson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Marguerite E. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 25 1873

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>17</u>	hr. <u>X</u> min.

9. Birthplace Lawrence Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Leather Worker, Harness Shop

11. Industry or business Shoe Shop

12. Name Merrill Johnson

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Gilly Bull

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

16. (a) Informant Mrs Marguerite E Johnson

(b) Address Mr Vernon MO

17. (a) burial (b) Date thereof 11/10/40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr Vernon City Cem

18. (a) Signature of funeral director George A Or

(b) Address Mr Vernon MO

19. (a) 11-10-40 (b) P.A. Holmes

(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1940 hour _____ minute 9:30 P.M.

21. I hereby certify that I attended the deceased from Seen after death, 1940, to Nov 8 1940

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to 94 Pa

other conditions unknown

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 421

(Specify type of place) _____

While at work? _____ (b) Means of injury _____

23. Signature Joseph H. Over (M. D. or other) MD

Address Mr Vernon MO Date signed 11/10/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 11 1940

RECEIVED
District Health Officer No. 6,
District File Number 1140-2930
DEC 5 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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed George B. Orr
Licensed Embalmer No. 946
P. O. Address Mr. Vernon

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, fact should be so stated above.