

JAN 25 1941

Registration District No. 773

Primary Registration District No. 6018A

1. PLACE OF DEATH:

(a) County St. Francois Co.
(b) City or town Near Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 days
(Specify whether years, months or days) 3

3. (a) PRINT FULL NAME Tom B. Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary A. Johnson 6. (c) Age of husband or wife if alive Age Un. years

7. Birth date of deceased Jan. 22, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day, hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown Unknown

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

14. Maiden name _____

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

16. (a) Informant Records of State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 1/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Burial Co. Mort.

18. (a) Signature of funeral director S. D. Laman

(b) Address Cape Girardeau, Mo.

19. (a) Dec (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.
(c) City or town Rural Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Cape R. F. D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-11, 1940, to 12-30, 1940;
that I last saw him alive on 12-30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive adenomatous hypertrophy of prostate with chronic urinary retention & Perineal urethral stricture 2-3 yrs?
Senility with psychosis "few mo"
multiple abscesses of kidneys
chronic nephritis & cystitis
Due to _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy yes
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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature T. J. Graves, Jr. (M.D. or other) M.D.
Address Farmington, Mo. Date signed _____
(Specify type of place) (Address of injury)

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

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 Howard L. Harman

Licensed Embalmer No. 4122

P. O. Address Cape Elizabeth

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.