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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1539
State File No. _____

FILED FEB 25 1941

Registration District No. _____ Primary Registration District No. 1 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 West Buchanan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 412 West Buchanan St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hardy T. Johnson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 18
year 1941 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 1934
19____ to Jan. 18 1941
that I last saw him alive on Jan. 18 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva F. Johnson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan 6 1877
(Month) (Day) (Year)

Immediate cause of death myocarditis chronic
Due to _____
Duration _____

8. AGE: Years 64 Months 0 Days 12 If less than one day _____ hr. _____ min.

Other conditions Diabetes 61
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Macon Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retail furniture dealer
Furniture store
11. Industry or business _____
12. Name George Johnson
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Butler
15. Birthplace Macon, Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant 412 W. Buchanan, Kirksville
(b) Address Burial Jan. 21-41
17. (a) Burial (b) Date thereof Jan. 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, Cent.
18. (a) Signature of funeral director Laurie A. Riley
(b) Address Kirksville Mo.
19. (a) Jan. 23/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

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?
3 While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature RD Stipben (M. D. or other) MD
Address Kirksville Mo Date signed Jan 23/41

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

