

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 4191

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME James Tibbman Johnson

3. (b) If veteran name war no

3. (c) Social Security No. 488-16-2164

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1941 hour 1 minute 5 M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Betha Kreider

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 21 - 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 9th to Jan 1, 1941;  
that I last saw him alive on Dec 15th, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Pulmonary tuberculosis

9. Birthplace Greene County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

MOTHER FATHER

12. Name Lepton Johnson

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

14. Maiden name Belle Mason

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

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

16. (a) Informant Ms. J. A. Johnson

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Jan 2 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Squibb Cemetery, Ash Grove, Mo

18. (a) Signature of funeral director Charles H. M. Hales

(b) Address Ash Grove Mo

19. (a) Jan 3 - 41 (b) Charles H. M. Hales  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Charles H. M. Hales (M. D. \_\_\_\_\_)

Address Ash Grove, Mo Date signed 1-2-41

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

9  
1  
0

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RECEIVED

Greene County Health Office,

Member 4-1-12  
1-20-41

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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.....

*J. B. Birch*

Licensed Embalmer No. 3856

P. O. Address Ash Grove Mo

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.