

No. 2
-13-40
17-39
X23159

Registration District No. **474**

Primary Registration District No. **5-638**

Registrar's No. _____

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

1. PLACE OF DEATH: **Lawrence**
 (a) County. **Lawrence**
 (b) City or town. **Dr. H. M. Taylor**
 (c) Name of hospital or institution: **Everton R.F.D.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **all his life!** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James M. Johnson**
 3. (b) If veteran, name war.
 3. (c) Social Security No. **1**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Mollie Johnson (Deceased)** 6. (c) Age of husband or wife if alive **8** years
 7. Birth date of deceased **5-8-1867**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **20** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **Bradford Johnson**
 13. Birthplace **unknown** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Johnson**
 15. Birthplace **unknown** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bob Johnson**
 (b) Address **Miller Mo.**

17. (a) **Burial** (b) Date thereof **1-29-41**
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Meisner**

18. (a) Signature of funeral director **Monnie Feiman**
 (b) Address **Miller Mo.**

19. (a) **Jan 31 1941** (b) **Mrs. Anna Wilkerson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **55**
 (a) State **Mo.** (b) County **Lawrence**
 (c) City or town **Everton R.F.D.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **28**
 year **1941** hour **9** minute **5** P.M.

21. I hereby certify that I attended the deceased from **Jan. 21**
 1941, to **Jan. 28**, 1941;
 that I last saw him alive on **Jan. 28**, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Exhaustion**

Due to **Influenza** **3 weeks**

Due to **Pleurisy** **7 1/2 weeks**

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

Major findings: Of operations _____ Of autopsy _____
 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? **425**
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **S. M. Clark** (M. D. or other) **D**
 Address **Halltown, Mo.** Date signed **1-28-41**

RECEIVED

District Health Officer No. 6.

District File Number 241-329

Date Filed FEB 21 1941

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 G. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.