S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9986

Registration District No. 54

Primary Registration District No. 5086

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates

(b) ~~City or town~~ Rural Hudson Tp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Mi / 5 W of Appleton City

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

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 15 yrs

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7

(c) City or town Rural 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. .....

(If rural, give location)

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

3. (a) PRINT FULL NAME Adam JOHNSON

3. (b) If veteran, name war None

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 Julia - Boots

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

7. Birth date of deceased MAR (Month) 4 (Day) 1864 (Year)

8. AGE: Years 77 | Months — | Days 27 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name BAKER-JOHNSON
13. Birthplace ..... (City, town, or county) / Ind (State or foreign country)

MOTHER
14. Maiden name SUSANNA FLASHER
15. Birthplace ..... (City, town, or county) / Ind (State or foreign country)

16. (a) Informant CARL JOHNSON

(b) Address APPLETON CITY Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation APPLETON CITY MO

18. (a) Signature of funeral director FRANK LEE

(b) Address APPLETON CITY MO

19. (a) Apr. 1 - 1941 (Date received local registrar) (b) Mrs. Pauline Bain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 24, 1941, to March 31, 1941; that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage Hemiplegia Rt.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 983 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD

Address Appleton City, Mo Date signed 4-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 4-41-572
Date Filed 4-2-41

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 ME on the 31. day of Mar 1941, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.