

Registration District No. 663

Primary Registration District No. 5881

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Perry
(b) City or town (Rural) St. Marys
(c) Name of hospital or institution:
Silver Lake, Mo.
(d) Length of stay: In hospital or institution _____
In this community 81 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(d) Street No. Silver Lake, Mo.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME James Johnson
(b) If veteran, name war _____ (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 Anna Weir 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept. 23 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Henry Johnson
13. Birthplace Cape County (City, town, or county) (State or foreign country)
14. Maiden name Judie Hahn
15. Birthplace Perry County (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Mudge
(b) Address Silver Lake, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whitewater Christian Cem.

18. (a) Signature of funeral director Ray Funeral Home
(b) Address Perryville, Missouri

19. (a) 2-4-41 (b) William Gaile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1941 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 17 1940 to Jan 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart's Arrest
involvement in Soudity

Due to Ulcer ascites "Cephalic"

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? _____

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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. A. Blaylock (M. D. or other) _____
Address Perryville, Mo. Date signed 1-2-41

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

900

FILED MAY 2 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

Le Roy J. Schindler

Licensed Embalmer No.

4175

P. O. Address

Perryville, 7

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.