

Registration District No. **668**

Primary Registration District No. **3038**

Registrar's No. **138**

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Green Ridge Rural Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bathwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether
In this community Two year
years, months or days)

3. (a) PRINT FULL NAME ANDERSON JOHNSON

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude B Johnson 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 29 1980
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 25 If less than one day - hr. - min.

9. Birthplace unk Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm Work

12. Name Major Johnson

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

14. Maiden name Paul Amberg

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

16. (a) Informant Mrs Maude Johnson

(b) Address Green Ridge

17. (a) Burial (b) Date thereof April 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black water Chapel

18. (a) Signature of funeral director Jesse Smith

(b) Address Sweet Springs Missouri

19. (a) 4/23/41 (b) Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Green Ridge 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. - 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from April 22, 1941, to April 23, 1941
that I last saw him alive on April 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to -

Due to -

Other conditions bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

Duration

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 Anden Sawbeck (M. D. or other) MD

Address Sedalia Mo Date signed 4 23 41

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

MOTHER FATHER

11/24

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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 *James Harvey*

Licensed Embalmer No. *2214*

P. O. Address.....

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.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Scotia
(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 _____
years, months or days)

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

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 25 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH month apr day 23
year 1940 hour _____ minute _____ M.

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

Immediate cause of death Uremia ✓ Duration _____

Due to Chronic nephritis

Due to _____

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 121 f
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?
_____ (Specify type of place)

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

S-15450