FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18403
Do not use this space.

1. PLACE OF DEATH
(a) County: Marion — Registration District No. 548.
(b) Township or City: Fabius — Primary Registration District No. 5743. — Registered No. 13.
(c) City: — (d) Street No. / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Albert Jeptha Johnson
(a) Residence, No. Marion County St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Schallenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1867

7. AGE: Years 73 — Months 3 — Days 18 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): April 8, 1941
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

FATHER
13. NAME: William Thomas Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Susan Lake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): William Johnson Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Greenwood Cem. Palmyra, Mo. DATE: 4/10/41, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED April 10, 1941 Gertrude Lee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1941, to April 8, 1941
I last saw him alive on April 8, 1941. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/3/41

Other contributory causes of importance: Bronchial Pneumonia 4/7/41

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) W. J. Kramer M.D.
(Address) Palmyra Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ XXX

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leon S. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Mo.

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

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