

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 24

**1. PLACE OF DEATH:**

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
814 3rd. St. /  
(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

8. (a) PRINT FULL NAME Josiah Horine Johnson

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 0 6. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Eva Johnson 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 14, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Uriah Pulaski Johnson  
13. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Eva Horine  
15. Birthplace Washington, Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Johnson  
(b) Address 814 3rd. St., Monett, Mo.

17. (a) Burial (b) Date thereof 5/18/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 5-10-1941 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry 5  
(c) City or town Monett, 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 814 3rd. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 10  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from March  
12 1941, to May 10 1941;  
that I last saw him alive on May 10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 6 weeks  
Duration

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? \_\_\_\_\_

3/ While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_

23. Signature W. M. West (M. D. or other) MD

Address Monett, Mo. Date signed 5/11/41

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

JUN 23 1941

RECEIVED

District Health Officer No. 6;

District File Number 641-975

Date Filed JUN 16 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 \_\_\_\_\_

*J. P. Buchanan*  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3179

P. O. Address Monett

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, above space should be left blank.