No. 2
1-13-40
-17-39
I X23159

11
1
7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21154

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 611

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 721 S. 23rd St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 2 mo. 19 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 721 So 23rd St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: Sanford C. J. Johnson
3. (b) If veteran, name war: None
3. (c) Social Security No. None

4. Sex: M 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Sing.
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: March 23 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: St Joseph (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
MOTHER FATHER
12. Name: Russell Lid Johnson
13. Birthplace: Sapulpa Okla (City, town, or county) (State or foreign country)
14. Maiden name: Cleo Austin
15. Birthplace: St Joseph Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Cleo. Johnson
(b) Address: 721 So. 23rd St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland
18. (a) Signature of funeral director: Kinney & Son Mt
(b) Address: 1602 Messanie St.
19. (a) 6-13-41 (Date received local registrar) Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1941 hour 7 minute 00 a M.
21. I hereby certify that I attended the deceased from June 11, 1941, to June 11, 1941, that I last saw him alive on June 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gastro-Enteritis — Duration 3 days
Due to: —
Due to: —
Other conditions: — (Include pregnancy within 3 months of death)
Major findings: Of operations: none
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Geo Strauss (M. D. or other) M.D.
Address: 1408 Messanie Date signed: 13 June 41
St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address

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

If this body is not embalmed, fact should be so stated above.