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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38349

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 931

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether
In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 756 S. Campbell 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Johannsen

3. (b) If veteran, name war no

3. (c) Social Security No. 491-03-4491

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Margaret Johannsen

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 12 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	16	hr. 6 min.

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

10. Usual occupation Billiard Parlor Operator

11. Industry or business

FATHER
12. Name Harry F. Johannsen 4
13. Birthplace Unknown (City, town, or county) Denmark (State or foreign country)

MOTHER
14. Maiden name Margaret Phillips D
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margaret Butler
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-29-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RMD

984 WEH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1941 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 27 1941, to Nov 28 1941; that I last saw him alive on Nov 27 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis.	5 hrs.
Due to Coronary Sclerosis.	9 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	

Major findings:
Of operations
Of autopsy Coronary Occlusion. Coronary Sclerosis.

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 D

23. Signature Francis B. Camp (M.D. or other) MD
Address Springfield, Mo. Date signed 11-28-41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul L. Lohmeyer

Licensed Embalmer No. 24577

P. O. Address.....

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

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