

FILED FEB 24 1942

Registration District No. 328

Primary Registration District No. 5464

Registrar's No.

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

1. PLACE OF DEATH:

(a) County..... SPRINGFIELD

(b) City or town..... BRIMSON Taylor

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... 35 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... BRUNOY

(c) City or town..... BRIMSON (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes name country..... 0

3. (a) PRINT FULL NAME Andrew Jackson Johnson

3. (b) If veteran, name war.....

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1941 hour 8 minute 00.0 M.

21. I hereby certify that I attended the deceased from Dec 26 1941 to Dec 27 1941 that I last saw him alive on Dec 26 1941 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single married, divorced 2

6. (b) Name of husband or wife..... Mamie Mae Jones 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 1844 JAN 23 (Month) (Day) (Year)

Immediate cause of death..... Cerebral hemorrhage

Due to..... Arteriosclerosis

Due to..... Senility

Other conditions..... (Include pregnancy within 3 months of death) 83a

8. AGE: Years Months Days If less than one day

97 11 4 hr. min.

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

10. Usual occupation..... RETIRED

11. Industry or business..... FARM

MOTHER FATHER

12. Name..... Henry Johnson

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

14. Maiden name..... Hadden

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

16. (a) Informant..... John Shaw

(b) Address..... Brimson Mo

17. (a) Burial (b) Date thereof..... DEC 28-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... COAN CREEK

18. (a) Signature of funeral director..... David J. Jones

(b) Address..... Newton Mo

19. (a) 12-28-41 (b) Gene D. Fair (Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature..... W. A. Johnson (M. D. or other) MD

Address..... Newton Date signed..... 12-27-41

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, Mo.

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.