

FILED FEB 16 1942 47
Registration District No. **3018**

Primary Registration District No. **3018**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clinton General 106 1/2nd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Fred Eugene Johnson
3. (b) If veteran, name war _____
3. (c) Social Security No. 489-242717

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced, married
(b) Name of husband or wife: Estabrook Whitechurch
(c) Age of husband or wife if 12 1883
max (Month) (Day) (Year)

8. AGE:
 Years 58 Months 10 Days 2
 If less than one day _____ hr. _____ min.

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

10. Usual occupation: merchant

11. Industry or business: _____

12. Name: Samuel Johnson

13. Birthplace: Siouxtown
 (City, town, or county) (State or foreign country)

14. Maiden name: Allen Collins

15. Birthplace: Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant: Nael Johnson

(b) Address: 317 7th and Clinton

17. (a) (Burial, cremation, or removal): Burial
(b) Date thereof: Jan 16 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cemetery

18. (a) Signature of funeral director: Sparex Son
(b) Address: Clinton, Mo.

19. (a) Date received local registrar: Jan 16 42
(b) Registrar's signature: Georgia Kitchener
1067 (If registrar's signature) Dr.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 209 So. 3rd St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
 year 1942 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 7
1942 to Jan 14, 1942
 that I last saw him alive on Jan 14, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: peritonitis
 Duration 3 days
 Due to intestinal obstruction
 Due to 12/28
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: adhesions of
bowel to abdominal wall
 Of autopsy _____
 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 fall
23. Signature: Ed. Walker (M. D. or other) M.D.
 Address Clinton, Mo. Date signed 1-16-42

RECEIVED

District Health Officer No. 7,

District File Number 2-42-62

Date Filed 2-10-42

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 R. P. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.