

FILED FEB 4 1942  
Registration District No. 3079

Primary Registration District No. 3079

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 205 Section 18h  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 Sexton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Johnson

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Cyler  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 25 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Wheel Foundry

MOTHER FATHER

12. Name 170 Record

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

14. Maiden name \_\_\_\_\_

15. Birthplace Pa 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm M Johnson

(b) Address 205 Sexton ST

17. (a) Burial (b) Date thereof 1-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson

18. (a) Signature of funeral director Geo. E. Roberts

(b) Address Hannibal

19. (a) Jan 14 42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9  
year 42 hour 10 minute 30 PM  
21. I hereby certify that I attended the deceased from Jan 4 42  
1942 to Jan 9 42  
that I last saw him live on Jan 9 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 830  
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 H. C. Crisher (M. D. or other)  
Address Hannibal Mo Date signed 1/12/42



**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..... *Geo E Roberts*.....

Licensed Embalmer No. *2113*.....

P. O. Address..... *Hannibal*.....

**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.**