

FILED FEB 16 1942
Registration District No. _____

Primary Registration District No. 5779

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON TWP
(If outside city or town limits, write "RURAL" and name of township)
(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 5 MI. S.E. OF PARIS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 5 MI. S.E. OF PARIS (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 8
year 1942 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 28 to Jan 8 1942
that I last saw him alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism 12 Days
CEREBRAL EMBOLISM

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 838
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) _____ Means of injury _____
23. Signature Geo. W. Decker (M. D.)
Address PARIS, Mo. Date signed 1-9-42

3. (a) PRINT FULL NAME WILLIAM CLARENCE JOHNSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE JOHNSON 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased DEC 24 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name SAMUEL JOHNSON

13. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name EMMA COPPAGE

15. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Blanche Power
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof 10-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Speeders Bakery.

18. (a) Signature of funeral director _____
(b) Address PARIS, Mo.

19. (a) 1-9-42 (b) _____
(Date received local registrar) (Registrar's signature)

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

9000

1168

1931

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..... ~~W. H. Agnew~~ *E. H. Agnew*
Licensed Embalmer No... *4000*
P. O. Address... *Paris, 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.

Registration District No. 582

Primary Registration District No. 5779

Registrar's No.

1. PLACE OF DEATH

(a) County Monroe
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William C. Johnson
3. (b) If veteran, name war 3. (c) Social Security No.

20. DATE OF DEATH, Month Jan day 9 year 1942 hour minute M.

MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from
that I have seen him/her alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 24
(Month) (Day) (Year)

8. AGE: Years 57 Months - Days 14 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 9 1942 (b) W. E. Beason
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

