

FILED JAN 30 1942

Registration District No. _____

Primary Registration District No. 601813

Registrar's No. 1078

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Esther Mo.
(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 _____
years, months or days

3. (a) PRINT FULL NAME WILLIAM J. 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 1

6. (b) Name of husband or wife Maud Johnson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan 1 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation W.P.A.

11. Industry or business Laborer

MOTHER FATHER { 12. Name Andy Johnson
13. Birthplace Leadington Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Laplant
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maud Johnson

(b) Address Esther Mo.

17. (a) Burial (b) Date thereof Dec 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation wood lawn

18. (a) Signature of funeral director Caldwell Bros.

(b) Address 7th & River mo

19. (a) 12-18-41 (b) O. B. Berran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Esther
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th
year 1941 hour _____ minute 3 P M.

21. I hereby certify that I attended the deceased from Dec 16th, 1941, to Dec 17, 1941;
that I last saw him alive on Dec 16th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 P 1

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? _____

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

23. Signature O. B. Berran (M. D. or other) _____

Address Esther Mo Date signed 12/21/41

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

74
0
0

RECEIVED

District Health Officer No. 4
District File Number 142-15
Date Filed 1-9-42

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.