

FILED MAR 11 1942

Registration District No. 4264

Primary Registration District No. 4277

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Odessa  
(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 40 yrs. years, months or days

3. (a) PRINT FULL NAME Daniel G. Johns

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Permelia Johns 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 15, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 1 11 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harrison Johns  
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)  
14. Maiden name Martha Johnson  
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.G. Johns  
(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Mar 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Ed. Norman  
(b) Address Odessa, Mo.

19. (a) Feb 28-42 (b) Mrs. W.F. Baker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Odessa  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1942 hour 9 minute 12 A. M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Embolism or Thrombosis of Heart

Due to Similarity 12202

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: operated for Hernia  
Of operation & Hydrocele 2/12/42  
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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Odessa, Mo. Date signed 2/28/42

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-10-42

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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 Irving L. Herman

Licensed Embalmer No. 7541

P. O. Address Chick Inn

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.