

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2410 Jackson Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not.
 (Specify whether years, months or days)
 In this community 74 years 0 months 3 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2410 Jackson Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Emma Johnson
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph E. Johnson 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased March 5 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Wiehl

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Josephine Bahr

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Johnson

(b) Address 2410 Jackson St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-10-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farron St., St. Joseph, Mo.

19. (a) 3-8-42 (b) H. J. Mottelshock
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.
 year 1942 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from on
Mar. 8th, 1942 to _____, 19____;
 that I last saw alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Thrombosis 1 day.
 Due to General arteriosclerosis 1 year
and Angina pectoris
 Due to 94a

Other conditions:
 (Include pregnancy within 3 months of death)
Woman died suddenly following
 Major findings: several recent attacks of
of Angina, and acute indigestion
 Of operations NO
 Of autopsies NO
 Underline 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 3

23. Signature H. F. Mundy (M. D. or other) Coroner
 Address 464 So 3d St. St. Joseph, Mo. Date signed 3/9/42

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

MOTHER FATHER

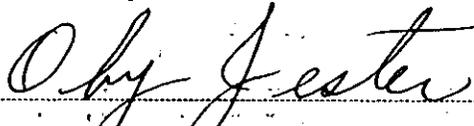
STATEMENT BY LICENSED EMBALMER

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..... 4154 Missouri

P. O. Address..... St. Joseph, Missouri.

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.