U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 474

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 11029

Registrar's No. 123

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hosp;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 049
(c) City or town: Joplin Mo; (If outside city or town limits, write "RURAL")
(d) Street No. 2125 Virginia Ave; (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Dr. Joel E. Johnson
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ella Johnson
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: May 22, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	5	hr. min.

9. Birthplace: Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Medical Physician;
11. Industry or business:
FATHER 12. Name: Wm Johnson
13. Birthplace: Tenn; (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza no record
15. Birthplace: Tenn; (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ella Johnson
(b) Address: 2125 Virginia Ave; Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope
18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;
19. (a) 3-30-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

3-30-42 6204 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 27 day 1942; year hour 8-45 P. M. minute M.

21. I hereby certify that I attended the deceased from Mar. 18, 1942, to Mar. 25th, 1942, that I last saw him alive on Mar. 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia (	4 days.
Due to: Urinary suppression practically complete	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bleeding prostate hypertrophy	8 months

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

1370

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: O. T. Blanke (M. D. or other) M.D.
Address: Joplin, Mo. Date signed: 3-30-42

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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: Penny K. Hurlbert

Licensed Embalmer No. 95-9

P.O. Address: Joplin 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.