

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethany Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
(c) City or town Bethany  
(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

Sigal Johnson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1942 hour 12 minute 45 AM

21. I hereby certify that I attended the deceased from April 9, 1942 to April 26, 1942

that I last saw him alive on 26 April, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Practiced night found  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Embry. Paralysis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) accident  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? Bethany, Harrison, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Fall

23. Signature R.R. Lytle (M. D. or other) \_\_\_\_\_  
Address Bethany, Mo. Date signed 5-2-42

4. Sex male 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 Sept 7 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace White Oak, Harrison, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retiree

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

12. Name Wesley Johnson

13. Birthplace Ashland Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blessing

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

16. (a) Informant Mrs Ella Johnson

(b) Address Bethany, Mo.

17. (a) Burial (b) Date thereof April 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany, Mo.

19. (a) 5/2-42 (b) Johanna Burres  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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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.....

*Joe E. Wheeler*

Licensed Embalmer No. *3572*

P. O. Address.....

*Bethany, Md.*

**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.**