

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 17 1942

State File No.

Registration District No. 718

Primary Registration District No. 64304 3

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Putnam  
 (b) City or town Unionville  
 (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 LIFETIME (Specify whether years, months or days)

8. (a) PRINT FULL NAME ALFRED WEBSTER 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, 2 divorced widowed  
 6. (b) Name of husband or wife MARY LOUISE JOHNSON 6. (c) Age of husband or wife if alive 25.5 years  
 7. Birth date of deceased MARCH 11 1870  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Putnam County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business Farm-Retired 10 years

12. Name William Johnson

13. Birthplace NORTH CAROLINA  
 (City, town, or county) (State or foreign country)

14. Maiden name JANE QUEEN

15. Birthplace SOUTH CAROLINA  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russel Johnson

(b) Address Unionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 9 1942  
 (Month) (Day) (Year)

(c) Place: burial or cremation Plainview Cemetery

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville Mo By John J. Comstock

19. (a) July-16-1942 (Date received local registrar) (b) Registrar's signature [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
 (c) City or town Unionville  
 (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.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
 year 1942 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 26, 1942, to July 8, 1942  
 that I last saw him alive on July 8, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
 Duration 297 1/2 hr.

Due to C. Cardiac renal vascular disease  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 13/2

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 2

28. Signature J. W. Bullman (M.D. or other) 20  
 Address unknown Date signed July 9

RECEIVED

District Health Officer No. 10

District File Number 8-42-10229-1631

Date Filed AUG 14 1942

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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, above space should be left blank.