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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19, 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25167

Registration District No. 251629 Primary Registration District No. 43795829 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Pickering, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: - - - - / unknown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74
(a) State Missouri (b) County Nodaway 0
(c) City or town Pickering, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - - - 0 years.

3. (a) PRINT FULL NAME Walter Egbert Johnson

3. (b) If veteran, name war - - - 3. (c) Social Security No. - - -

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Maude Johnson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 4, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	11	hr. -- min.

9. Birthplace Pickering, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Garage Proprietor

11. Industry or business Mechanic

MOTHER FATHER
12. Name James M. Johnson
13. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Archer
15. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Johnson
(b) Address Pickering, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42
(Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) July 18 1942 (Date received local registrar) (b) Mary Coiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	½ hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83a	
Major findings: Of operations	
~~Of autopsy~~ Coroners Inquest	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. R. Jackson (M. D. ~~or other~~)
Address Maryville, Mo. Date signed 7-17

1268 (Licensed Embalmer's Statement on Reverse Side)

1P

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 Clem M. Pru

Licensed Embalmer No. 1822

P. O. Address Maryville-M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.