

FILED NOV 13 1942 3

Registration District No.

Primary Registration District No. 4383

Registrar's No.

74
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0

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

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Graham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community About 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Graham
(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 0

3. (a) PRINT FULL NAME William Wyatt Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. 493-18-3728

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lucille Johnson 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug - 8 - 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 41 2 5 ..hr.min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name L. C. Johnson

13. Birthplace Fauvett Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Foster

15. Birthplace Fauvett Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Johnson

(b) Address Graham Missouri

17. (a) Burial (b) Date thereof 10-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walleck Cemetery near Fauvett Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 S. Main Maxwell Mo.

19. (a) Oct. 19, 1942 (b) Mrs. Ralph Scott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1942 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 13, 42
19 Oct. 13 - 19 42
that I last saw him live on 7 A.M. 10-13 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to Influenza about 2 wks
before. Probably had pneumonia
Due to his local physician.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932
Of autopsy none

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 7

23. Signature E. M. Findley (M. D. or other) MD
Address Graham Mo. Date signed 10-17-42

81
10-21-34
above
head
of the body
is not embalmed

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 William Campbell
Licensed Embalmer No. 2620
P. O. Address Maryville 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.