

103
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Bernie - rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Liberty Trust
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State Missouri (b) County Stoddard 0
 (c) City or town Bernie - rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Edley 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, divorced, widow - w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, years _____
 7. Birth date of deceased December 26 1860
 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Bowling Green Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Jimmie Johnson

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

14. Maiden name _____

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

16. (a) Informant Mr. Fred Johnson

(b) Address Marley, Missouri

17. (a) burial (b) Date thereof Oct 4, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael

18. (a) Signature of funeral director Walter Jernigan

(b) Address Malden, Missouri

19. (a) 11-4-42 (b) Cardie Miller
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1942 hour 4 min. 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1
 1942 to Oct 3 1942

that I last saw him alive on Sept 13 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 7 yrs

Due to Age - Blood Poison 4 yrs

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy _____

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? _____

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

23. Signature Walter Jernigan (M. D. or other) W

Address Malden Date signed 10/3/42

RECEIVED

District Health Office No. 21

District File Number 7142-1434

Date Filed 11-9-42

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.

NOV 11 1942

Signed

Grover Jernigan

Licensed Embalmer No. 4270

P. O. Address Malden, Missouri

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.