

FILED JAN - 6 - 1943

Registration District No. 17 Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 - St. Marys
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Kenneth Wayne Johnson

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 18 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Child

11. Industry or business _____

12. Name Joseph Johnson

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eileen Knight

15. Birthplace El Dorado Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Johnson

(b) Address 701 - St. Marys

17. (a) Burial (b) Date thereof 12-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm. Shriver

(b) Address 700 Jefferson

19. (a) 12-21-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 18 1942 to Dec 21 1942
and that death occurred on the date and hour stated above

Immediate cause of death Asphyxia Fatal

Due to Breech delivery with

Due to Sup. Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death) Remarks head

Major findings of operation Normal delivery

Of autopsy No instruments or medication

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 16/a

(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) (c) Means of injury _____

23. Signature J. A. Osimon MD (M. D. or other)

Address Jefferson City Date signed 12-21-42

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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 *J. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *June*.....

Body was not embalmed

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.