

FILED APR 14 1943
Registration District No. 3076

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Nevada
(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 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vermon

(c) City or town Nevada Mo
(If outside city or town limits, write "RURAL.")

(d) Street No. 119 Highland aul
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) FULL NAME James Henry Johnson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day First
year 1943 hour Nine minute a- M.

4. Sex mo 5. Color or race N

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Jan 21-1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 28 1943 to Mar 1 1943
that I last saw him alive on Apr 29 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56 - 11 hr. _____ min.

Immediate cause of death Influenza

Duration 1 wk

9. Birthplace Not Known Vermon
(City, town or county) (State or foreign country)

10. Usual occupation Farming

Due to _____

Due to _____

11. Industry or business _____

12. Name Not Known

13. Birthplace Not Known 9
(City, town or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 9
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 7 months of death) Bed patient for years from apoplexy

Major findings: Of operations _____

Of autopsy 33a

16. (a) Informant Maya Beryl

(b) Address 119 Highland Nevada Mo

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 3-4-43
(Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

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

(b) Address Nevada Mo

19. (a) 3-3-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

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 W. Love (M. D. or other) _____

Address Nevada, Mo Date signed 3/1/43

1331

RECEIVED

District Health Officer No. 7,

District File Number 3-43-26

Date Filed 4-6-43

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 Mike E. Ferry

Licensed Embalmer No. 1432

P. O. Address Merida 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.