. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 19[illegible]

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17230

State File No.

Primary Registration District No. 3000

Registrar's No. 140

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 912 S. Florence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Kirksville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 912 S. Florence 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Albert Poke Johnson
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M O
5. Color or race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Louise H. Johnson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct (Month) 27 (Day) 1881 (Year)

8. AGE: Years 61 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Schuyler Co (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Jefferson Poke Johnson
13. Birthplace Jim Co (City, town, or county) Ind 1 (State or foreign country)
MOTHER
14. Maiden name Lloyd B Boulwaie
15. Birthplace Schuyler Co (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Louise H. Johnson
(b) Address Kirksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5. 19. 43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park
18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville Mo
19. (a) 5/28/43 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 9 minute 45P M.
21. I hereby certify that I attended the deceased from 1
, 1937, to May 15, 1943,
that I last saw him alive on May 12, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD
Address Kirksville, Missouri Date signed 5-18-43

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1095
Date Filed JUN 11 1943

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 W. E. Summers

Licensed Embalmer No. 2159

P. O. Address Trenton 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.