

FILED MAY 20 1943
Registration District No. 209

Primary Registration District No. 3043

114

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(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

3. (a) PRINT FULL NAME LEO JOHNSON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Hannibal MO (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

MOTHER FATHER { 12. Name Henry Johnson
13. Birthplace Hannibal MO (City, town, or county) (State or foreign country)
14. Maiden name Ella Johnson
15. Birthplace Hannibal MO (City, town, or county) (State or foreign country)

16. (a) Informant Ms. Lora Whitfield

(b) Address 1100 North St

17. (a) Burial (b) Date thereof 4-18-1943 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal, Mo.

19. (a) 4-20-43 (b) P W Connor (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal MO 3
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1100 North St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1943 - hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10 1943 to April 14 1943
that I last saw him alive on April 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to _____

Due to Arterial ulcer of stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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. A. W. Fox (M. D. or other) _____
Address Hannibal Mo Date signed 4-17-43

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 Geo E Roberts
.....
Licensed Embalmer No. 2113
P. O. Address Hannibal 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.