

FILED SEP 9 1943

Registration District No. 103

Primary Registration District No. 3021

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
502 Boyd St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 45 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50  
(c) City or town DeSoto 2  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 502 Boyd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE AUGUSTUS JOHNSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Rosa Poucher Johnson 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 8 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Jefferson Co., Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William W. Johnson

13. Birthplace ? Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Ferrell

15. Birthplace ? Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Johnson

(b) Address 502 Boyd St DeSoto mo

17. (a) Burial (b) Date thereof AUG. 24, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 8-25-43 (b) Fern Spencer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1943 hour 11 minute 30P. M.

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

Immediate cause of death Congestive chill Duration 6 hrs.

Due to Gastro enteritis 8 hours

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 120a

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature F. A. Elders (M. D. or other) \_\_\_\_\_

Address De Soto Date signed 8/22/43

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

**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. E. Mathishead*

Licensed Embalmer No.

3531

P. O. Address

*Des Moines, Ia*

**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.**