

FILED OCT 4 - 1943  
Registration District No. 78

Primary Registration District No. 4281

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town Canton  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 yrs.  
In this community 50 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lewis  
(c) City or town Canton  
(d) Street No. ....  
(e) Citizen of foreign country? 0  
If yes, name country .....

3. (a) PRINT FULL NAME George Henry Johnson  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 25  
year 1943 hour 11 minute 30 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samantha Graham  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased May 21 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1942 to September 1943  
that I last saw him alive on September 25 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
86 4 4 ..hr. ..min.

Immediate cause of death chronic poisoning  
Due to Cardio-Vascular renal disease  
Due to .....

9. Birthplace Winona Minnesota  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 13/a

10. Usual occupation Retired Farmer  
11. Industry or business .....

Major findings: Of operations .....

MOTHER FATHER { 12. Name Ambrose Johnson  
13. Birthplace Indiana  
14. Maiden name Polly Fullerton  
15. Birthplace Minnesota  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Mrs Thos. Vestal  
(b) Address Canton, Mo.  
17. (a) Burial (b) Date thereof Sept. 28, '43  
(c) Place: burial or cremation Canton, Mo.  
18. (a) Signature of funeral director Carl H. Barkley  
(b) Address Canton, Mo.  
19. (a) 9/27/43 (b) P. W. Jennings  
(Digit received local registrar) (Registrar's signature)

Of autopsy .....

33. Signature H. B. Dodson (M. D. or other) D.O.  
Address Canton, Mo. Date signed 9/27/43

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

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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 Earl H. Barkley  
Licensed Embalmer No. 2615  
P. O. Address Canton, 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.**