

NOV 18 1943
Registration District No. 146

Primary Registration District No. 5-5-68

Registrar's No. 260

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural R. 4 Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. 4 Mayberry Rd. Indep. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 4 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural R. 4 Indep. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R. 4 Mayberry Rd.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 4th
year 1943 hour 9:30 minute 2 M.
21. I hereby certify that attended the deceased from _____ 19____;
Ann that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 70 yrs.
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to _____

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy negative & history
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name unknown

13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Virgil M. & Daniel

(b) Address R. 4 Mayberry Rd. Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Ceme. E. E. Davis

18. (a) Signature of funeral director _____ (b) Address Independence, Mo.

19. (a) 10-8-43 (Date received local registrar) James W. Ross (Registrar's signature)

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 Patent _____ (Date of other) _____
Address _____ Date signed 10/19/43

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

MOTHER FATHER

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 L. J. Harris Sr.
Licensed Embalmer No. 3388
P. O. Address W. C. Md.

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.