

Registration District No. **324**

Primary Registration District No. **3072**

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

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Fitzgibbons**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether)

In this community **In Saline County**  
years, months or days **all his life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**

(c) City or town **Marshall Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. **0**

3. (a) PRINT FULL NAME **Rudolph Johnson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-10-5036**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **2nd**  
year **1943** hour **10** minute **1** M.

4. Sex **Male** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lula Belle Johnson**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Dec. 23 1900**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 10 1943** to **Nov. 2 1943**  
that I last saw him alive on **Nov. 2 1943**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>10</b>	<b>9</b>	_____hr. _____min.

Immediate cause of death **Myocardial Angina of mouth and Branchi teeth**

Due to **Infected teeth**

Due to \_\_\_\_\_

9. Birthplace **Saline County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

MOTHER FATHER {

12. Name **Isaac H. Johnson**

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

14. Maiden name **Charity Belle Johnson**

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lula Johnson**

(b) Address **Slater Mo.**

17. (a) **Burial** (b) Date thereof **11-4-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Cemetery Hill Brothers**

18. (a) Signature of funeral director **Slater**  
(b) Address

19. (a) **Nov. 3, 1943** (b) **Mrs. F. O. Westbrook**  
(Date received local registrar) (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)

23. Signature **W. M. Turney** (b) \_\_\_\_\_  
(Date) (City or town) (County) (State)

Address **Slater Mo.** Date signed **11/3/43**

NOV 19 1943

11-13-43

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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 Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address. Skate 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.**