

Registration District No. **285**

Primary Registration District No. **5977**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Boek**
(b) City or town **Aedrich Union Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **50 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boek 84**
(c) City or town **Aedrich**
(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 _____

3. (a) PRINT FULL NAME **James Smith Johnson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **497-12-6509**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Agnes C. Johnson** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **July 12 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Yamontown Ohio 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Banking**

11. Industry or business _____

12. Name of **Frank Johnson** 11
13. Birthplace **Ireland** (State or foreign country)
14. Maiden name **Nancy Callight** 11
15. Birthplace **Scotland** (State or foreign country)

16. (a) Informant **Jessie Easton**

(b) Address **Mountains Grove**

17. (a) **Burial** (b) Date thereof **12-28-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dennegon Mo**

18. (a) Signature of funeral director **Osceola James Stone**

(b) Address **Osceola Mo**

19. (a) **12-28** (b) **Rose Stewart**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**
year **1943** hour **12** minutes **noon** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Hypertension** **yes**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **Dr. R. F. Wilson** (M. D. or other) **DO**
Address **Fair Play, Mo.** Date signed **12/28/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 2 1944

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. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osselle, 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.