

FILED JAN 15 1944
Registration District No. 290

Primary Registration District No. 4428

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Plehlund

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify, whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PULASKI

(c) City or town RICHMOND

(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN SMITH JOHNSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife NORMIE JOHNSON

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 18th 1860

(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 17

If less than one day _____ hr. _____ min.

9. Birthplace Richmond MO

(City, town, or county) (State or foreign country)

10. Usual occupation Ag. boy

MOTHER FATHER

11. Industry or business _____

12. Name MOSES JOHNSON

13. Birthplace UNKNOWN MO

(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN MA

(City, town, or county) (State or foreign country)

16. (a) Informant Robert Johnson

(b) Address Crocker, MO

17. (a) BURIAL (b) Date thereof 12-20-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHURCH

18. (a) Signature of funeral director [Signature]

(b) Address Plehlund MO

19. (a) JAN 5 1944 (b) Chas M. Ochs

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th

year 1943 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept-9-1940 to 12-18-1943

that I last saw him alive on 12-17-1943

and that death occurred on the date and hour stated above.

Immediate cause of death Left. paralysis Hemiplegia

Due to Small light strokes

Due to _____

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

Major findings: Of operations none

Of autopsy none

Duration 3 1/2

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 [Signature] (M. D. or other) _____

Date signed _____

JAN 24 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.....

Licensed Embalmer No. 3198

P. O. Address. Richland 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.