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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3745

FILED JAN 13 1944

Registration District No. 443

Primary Registration District No. 5835

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural *Small Creek*

(c) Name of hospital or institution: R.F.D. # 2 Seneca

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

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

In this community 10 years

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural - Seneca

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

(d) Street No. R.F.D. # 2

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Talton Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Una Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15, 1879

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Fayette Missouri

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

10. Usual occupation retired

11. Industry or business _____

12. Name William Johnson

13. Birthplace Fayette Missouri

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

14. Maiden name Emma Warden

15. Birthplace Fayette Missouri

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

16. (a) Informant Mrs. Una Johnson

(b) Address R.F.D. # 2, Seneca, Mo.

burial (c) Date thereof 12/9/43

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

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-9-43 Mrs. U. Schapin

(Date received local registrar) (If physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6

year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from on Dec 2, 1943, 19 _____

that I last saw him alive on Dec-2-1943

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

Immediate cause of death cardio-vascular

Due to cardio-vascular disease?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: none

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 none

23. Signature W. Brown (M. D. or other)

Address Salida, Kans Date signed 12-9-43

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

RECEIVED

1-5-44

District Health Officer No. _____

District File Number 1243-243

Date Filed 1-10-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.