

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **1611 1/2 Clay**
(d) Length of stay: **3 years**
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **1811 1/2 Clay St.**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Dorothy Johnson**
(b) If veteran, name war **none**
(c) Social Security No. **none**
(d) Sex **Female** (e) Color of race **White**
(f) (a) Single, widowed, married, divorced **Married**
(g) Name of husband or wife **George**
(h) Age of husband or wife if alive **48**
(i) Birth date of deceased **September 9, 1898**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** Day **11** Year **1944** hour **10** minute **00** P.M.
21. I hereby certify that I attended the deceased from **Feb. 8, 1944** to **Feb. 11, 1944**
that I last saw **her** alive on **Feb. 11, 1944**
and that death occurred on the date and hour stated above.

8. AGE: Years **45** Months **5** Days **2**
9. Birthplace **Mason City, Iowa**
10. Usual occupation **Housewife**
11. Industry or business **Home**
12. Name **Peter Christianson**
13. Birthplace **Denmark**
14. Maiden name **Unknown**
15. Birthplace **Unknown**
16. (a) Informant **Thelma Johnson (Daughter)**
(b) Address **1811 1/2 Clay St., City**
17. (a) **Funeral** (b) Date thereof **2-14-44**
(c) Place: burial or cremation **MINNEAPOLIS, MINN.**
18. (a) Signature of funeral director **John C. Krupp**
(b) Address **6054 PRYOR AVE., CITY**
19. (a) **2-14-44** (b) **Rae Herzog**

Immediate cause of death:
Coronary Occlusion **20 min**
Pleurisy - sec. **5 days**
Influenza **12 days**
Other conditions:
Major findings: **none**
Of operations: **none**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature **S. T. Blomster** (M. D. or other) **M.D.**
Address **1218 N. 5th St.** Date signed **2/14/44**

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

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:

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.