

FILED MAR 16 1946

Registration District No.

Primary Registration District No.

3008

Registrar's No.

42

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fuller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 - 6 M - 0 da
(Specify whether years, months or days)
In this community 2 1/2 - 6 M - 0 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Slater
(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

Leonard 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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 23 - 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name James K. Johnson
13. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Marie Thompson
15. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Road

18. (a) Signature of funeral director N.B. Wade

(b) Address 712 Heartland Fuller Mo

19. (a) Jan 5-1944 (Date received local registrar) (b) Josee Morant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 31, year 1944 hour 5:05 minute 4, M.

21. I hereby certify that I attended the deceased from 11-8-42, 1942 to 1-31, 1944
that I last saw him alive on 1-30 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated Peptic Ulcer (Chronic) Duration Yes
Due to Post Hemorrhagic Secondary Anemia (Extreme) Yes
Due to Fatty Degeneration Myocardium with Coraia Dil. Yes
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy Perforated Peptic Ulcer

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) (c) Means of injury

23. Signature J.B. Slater (M. D. or other)

Address Fuller, Mo Date signed 1/5/44

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 3-15-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.