

FILED APR 9 1944

Registration District No. 78

Primary Registration District No. 5370

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 Miles N. E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles N. E. Gallatin, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Otha Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 October 12 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>13</u>	hr. _____ min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name James F. Johnson

13. Birthplace Rappahannock Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Johnson

15. Birthplace Rappahannock Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Johnson

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 3-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 3-28-1944 (b) L. O. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour About 7 minute P/ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ (Coroner) 19____;
that I last saw him interred on Mar 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris

Due to _____

Due to _____

Other conditions g & p
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 J. B. Bailey (M. D. or other) Co.
Address Gallatin, Mo 7 Date signed 3-28-44

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

31
00

31
00

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..... *L. O. Richeson*

Licensed Embalmer No. *3302*

P. O. Address..... *Gallatin, 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.