S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14166

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 359

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1825 Mary St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community More than 12 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1825 Mary 1
(If rural, give location)
(e) Citizen of foreign country? No. 7 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES W. JOHNSON

3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex M 2
5. Color or race Col.
6. (a) Single, widowed, married, ~~divorced~~ Married
6. (b) Name of ~~husband or wife~~ Little Johson
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July (Month) 5 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	7	hr. min.

9. Birthplace Virginia 1 (City, town, or county) (State or foreign country)
10. Usual occupation Comon Labor
11. Industry or business None Laborer
FATHER
12. Name Frank Johnson
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriett Smith
15. Birthplace Virginia 1 (City, town, or county) (State or foreign country)
16. (a) Informant Edward Johnson
(b) Address Seward Ave. Omaha
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ashland
18. (a) Signature of funeral director Ramsey & Son
(b) Address 1602 Messanie St.
19. (a) 3/15/44 (Date received local registrar) (b) Rae Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12 year 1944 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from 9 Mar, 1944 to 12 Mar, 1944 that I last saw him alive on 12 Mar, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central Hem Orrhage, Apoplexy	4 day
Due to Hemiplegia L Lid	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ey Stearns (M. D. ~~or other~~)
Address St Joseph Mo Date signed 14 Mar 44

(Licensed Embalmer's Statement on Reverse Side)

12 33

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 me O. F. Ramsey, Registered Apprentice No. ....., working under my personal supervision.

Signed O. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messanie

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.