

FILED JUL 11 1944 74  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis  
Sedalia

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

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether \_\_\_\_\_)

In this community 40 years  
years, months or days

3. (a) PRINT FULL NAME John Martin Johannes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Minor Johannes

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased August 8 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 10 13 hr. \_\_\_\_\_ min.

9. Birthplace Humboldt KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nicholas Johannes

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Rapp

15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. M. Johannes

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 6/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 6-22-44 (b) Mrs Anna Serger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1113 W. 3rd  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1944 hour 2:20 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 4 1943 to June 21 1944  
that I last saw him alive on June 20 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephrosis Duration 6 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocarditis & Louis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 1318

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 W. B. Beasly (M. D. or other) M.D.

Address Sedalia Date signed 6/23/44

2:30 P.M.  
June 2 '45

RECEIVED  
District Health Office No. 8  
District File Number \_\_\_\_\_  
Date Filed 2-10-45

June 6 1945

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. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.