

FILED JUL 24 1944
163

Registration District No. 163

Primary Registration District No. 5596

Registrar's No. 43

1. PLACE OF DEATH: **Jefferson**

(a) County **Jefferson**

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

(c) Name of hospital or institution: **Star Route West DeSoto**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **10 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**

(c) City or town **Rural** **50**
(If outside city or town limits, write "RURAL")

(d) Street No. **Star Route West, DeSoto** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JOSEPH T. JOHNSON**

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 **Single**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **Oct. 23, 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **29** If less than one day **-** hr. **-** min.

9. Birthplace **St. Clair Co., Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Andrew Johnson**

13. Birthplace **Atlantic City - N. J.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hallows**

15. Birthplace **St. Clair Co., Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Johnson**

(b) Address **2217 W 58th East Jonesboro**

17. (a) **Burial** (b) Date thereof **June 25, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caseyville-Ill.**

18. (a) Signature of funeral director **Lee Mothershead**

(b) Address **DeSoto, Mo.**

19. (a) **6-23-44** **Fern Spencer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 22, 1944** to **June 22, 1944**
that I last saw him alive on **June 22, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis with myocardial aneurysm** **Yrs**
Due to **arteriosclerosis** **Yrs**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **-**

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) (2) Means of injury **-**

23. Signature **J. P. Sargel** **2**
Address **DeSoto, Mo.** Date signed **6-23-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

5000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44

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.....

J. Lee M. Mearnshead

Licensed Embalmer No. 3531

P. O. Address De Motino

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.