

No. 2  
-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 17 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27674

State File No. ....  
Registrar's No. ....

Registration District No. 115

Primary Registration District No. 4187

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Union  
(c) Name of hospital or institution:  
East Park ave & McKinley, 1  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Union  
(d) Street No. East Park ave & McKinley  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME William Pascal Johns  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31st  
year 1944 hour 7 minute 25 P.M.  
21. I hereby certify that I attended the deceased from 7-31 to 7-30 1944  
that I last saw him alive on 7-30 1944  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Elize Jane Johns 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 18th 1864 (Month) (Day) (Year)

Immediate cause of death Senility  
Due to  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

8. AGE: Years 79 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Farming & Ministry

11. Industry or business

MOTHER FATHER  
12. Name Chelsey Johns  
13. Birthplace Robtsville Mo.  
14. Maiden name Ellen Craig  
15. Birthplace Ware Mo.

16. (a) Informant Mrs Clyde Copeland  
(b) Address Union Mo.

17. (a) Date of death 8/31/44 (Month) (Day) (Year)  
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director E. F. Ottmann  
(b) Address Union Mo.

19. (a) 8/2/44 (Date received local registrar)  
(b) Donald P. Piers (Registrar's signature)

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?  
(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. M. Stoney (M. D. or other)  
Address 6210 N. 7th Date signed 8-2-44

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

36  
056

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-16-44

**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..... *E. F. Olmann* .....

Licensed Embalmer No. *1686* .....

P. O. Address..... *Union, 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.**