

FILED at District No. **13 1944**

Primary Registration District No. **4315**

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

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 62 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME John Edgar Johnson

3. (b) If veteran, name war L

3. (c) Social Security No. 510-011248

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Sept day 2 year 1944 hour 10 minute 30 P. M.

24. I hereby certify that I attended the deceased from Sept 24, 1944, to Sept 2, 1944, that I last saw him alive on Sept 21, 1944, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased: Feb 15 1879
(Month) (Day) (Year)

Immediate cause of death, Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/a

8. AGE: Years 65 Months 6 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Engineer Prairie City Mo

11. Industry or business Line 100

12. Name William B. Johnson

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

14. Maiden name Maude Chadwick

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bessie M. Johnson

(b) Address 714 E 55 Kansas City, Mo.

17. (a) Rural (b) Date thereof Sept 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata

18. (a) Signature of funeral director P. A. Christie

(b) Address LaPlata Mo

19. (a) 9-5-44 (b) Wm. Louch
(Date received local registrar) (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? _____ (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 0

23. Signature C. H. Swancy (M. D. or other) _____

Address La Plata Mo. Date signed 9-5-44

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.