

FILED NOV 8 1944

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cliff Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 14 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Cliff (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Lenord Johnson

3. (b) If veteran, name war..... 3. (c) Social Security No. 491-01-8397

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Jane 6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: April 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 20 hr. min.

9. Birthplace: Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business Coal mine

12. Name John K. Johnson

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Cunningham

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

16. (a) Informant Jane Johnson

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof: 10-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Mo.

19. (a) 11-1-44 Mrs. Madie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from May 14, 1944 to Oct 3, 1944
and that death occurred on Sept 25, 1944
that I last saw him alive on Sept 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to.....

Due to.....

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) Means of injury MI

23. Signature Dr. M. Conder (M. D. or other) MD

Address Excelsior Springs, Mo. Date signed 10/5/44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-1-67

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 Carl Rapp
Licensed Embalmer No. 03458
P. O. Address Co. Spgs. 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.