

FILED DEC 5 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10082

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Dallas
(c) City or town Dallas
(If outside city or town limits, write "RURAL")
(d) Street No. 4668 Livingston
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roscoe Manning Johnson

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Johnson 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 2 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 23 If less than one day
hr. _____ min.

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

10. Usual occupation Purchasing Agent

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Laura Wall

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

16. (a) Informant Leona Johnson

(b) Address Dallas Texas

17. (a) Removal (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas

18. (e) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 27 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 16, 1944 to Nov 24, 1944
that I last saw him alive on November 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion Duration _____

Due to Bronchogenic carcinoma of lung

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy As above

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) (c) Means of injury _____

23. Signature J. F. Brudeck (M. D. or _____)
Address Barnes Hospital Date signed _____

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

no
17
9

99
NR

10082

10082

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..... *Albert G. Kopp*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.