

No. 2  
8-43  
17-39  
X37823

State File No. \_\_\_\_\_

FILED DEC 3 1944

Primary Registration District No. 5655

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 195 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Noah Harlan Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-4140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st  
year 1944 hour 7 minute 20 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ona Carter Johnson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept. 10th, 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 22, 1944 to Nov. 1, 1944  
that I last saw him im alive on Oct. 31, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

29	1	<del>21</del>	hr. _____ min.
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Immediate cause of death Pulmonary Tuberculosis Abt. 2 yrs & 8 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions 13 1/2  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Embalmer

11. Industry or business Undertaking

MOTHER FATHER

12. Name Garland S. Johnson

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

14. Maiden name Nellie Anderson

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

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 \_\_\_\_\_

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Removal (b) Date thereof Nov 1st 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho, Mo.

19. (a) 11/13/44 (b) Audley Crawford  
(Date received local registrar) (Registrar's signature)

23. Signature Audley Crawford (M. D. or other) \_\_\_\_\_  
Address Mt. Vernon Mo Date signed 11-1-44

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1271

Date Filed NOV 30 1944

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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.....

*Max. L. Fossett*

Licensed Embalmer No.....

*4252*

P. O. Address.....

*Mt. Vernon, Md.*

**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.**