

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JAN 10 1945

Registration District No. 279

Primary Registration District No. 3052

Registrar's No. 422

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
2400 South Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 2400 South Kentucky
(If rural, give location)

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

3. (a) PRINT FULL NAME Arley Wilbur Johns

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Flora Etta Davis Johns 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 27, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Retail merchant

11. Industry or business Auto parts supply store

MOTHER, FATHER

12. Name John Johns

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

14. Maiden name Ella Jones

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

16. (a) Informant Mrs. Flora Johns (wife)

(b) Address 2400 S. Kentucky, Sedalia, Mo

17. (a) Burial (b) Date thereof 12/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Mrs. Anna Berger

(b) Address Sedalia, Mo

19. (a) 12/25/44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1944 hour 8:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 4 to Dec 23 1944
that I last saw him alive on or about Nov 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Due to Myocarditis Chronic 2 yrs.

Other conditions: 93d
(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) _____
(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 0
23. Signature A. L. Walter (M. D. or other) M.D.
Address Sedalia Mo Date signed 12-25-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-5-75

D.N. Walter

not embalmed
PS. ...
...

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 *Duane Ewing*

Licensed Embalmer No. *3848*

P. O. Address *Idalia, 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.