

FILED FEB 9 1945

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(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)

In this community 64 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁴²

(c) City or town Clinton mo ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. 506 8 1/2 St ²
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Wm Evertt Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1945 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from 5-17
1944 to Jan 23, 1945

that I last saw him alive on Jul 18, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased Sept 9 1880
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion ¹⁷¹

Duration _____

8. AGE: Years 64 Months 4 Days 14 hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace Franklin Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Medicine Doctor

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Samuel Johnson

13. Birthplace Franklin Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Helen Collins

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

16. (a) Informant Mrs Logan Foster

(b) Address Leeton mo

17. (a) Burial (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consolidated + Pres

(b) Address Clinton mo

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton mo Date signed 1-25-45

1-45-62
2-8-45

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 J. E. Conner
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.