

FILED APR 17 1945
Registration District No. 377

Primary Registration District No. 6152A

Registrar's No. 9

1. PLACE OF DEATH
 (a) County Stoddard
 (b) City or town Liberty Twp.
 (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.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Arthur Johnson
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mollie Johnson 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Dec. 11 1881
 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 2 If less than one day
 hr. min.

9. Birthplace Arthur Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER
 12. Name Sylvester Johnson
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Nixon
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Johnson
 (b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 2-18-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
Dexter Cem.
 (c) Place: burial or cremation

18. (a) Signature of funeral director Blankenship-Strickland
Dexter, Mo.
 (b) Address

19. (a) 3-10-45 (b) Viola Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Liberty Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
 year 1945 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from 2/13 1945 to Feb 13 1945
 that I last saw her alive on Jan 28 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
 Duration short

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94

Of autopsy no

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. S. Davis (M. D. or other)
 Address Dexter Mo Date signed 2/14/45

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

RECEIVED

District Health Office No. 2,

District File Number

45-532

Date Filed

4/19/45

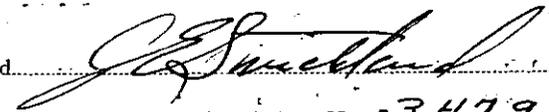
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. _____

3479

P. O. Address _____

Hyattsville, 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.