S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23974

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 560

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural-S. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 years, 8 months (Specify whether

In this community 11 years, 8 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arizona (b) County 990

(c) City or town Rural? (If outside city or town limits, write "RURAL") 2

(d) Street No. Yuma Indian Reservation (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOHNSON, John

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 4

5. Color or race Indian

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased UNK. (Month) UNK. (Day) 1871 (Year)

8. AGE: Years 74 Months UNK. Days UNK. If less than one day hr. min.

9. Birthplace La Colonia, Baya (City, town, or county) California (State or foreign country) 1

10. Usual occupation (Indian Tribe)

11. Industry or business

FATHER
12. Name Mose Johnson
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country) 0

MOTHER
14. Maiden name Loise Mors.
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country) 0

16. (a) Informant File, M C F P 1

(b) Address MCFP, Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 24, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Yuma Arizona

18. (a) Signature of funeral director Fred C Thieme

(b) Address 1100 Boonville - Spfd., Mo.

19. (a) 7-23-45 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1945 hour 11 minute 43 PM.

21. I hereby certify that I attended the deceased from November 15, 1933, to July 19, 1945; that I last saw him alive on July 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of left cervical lymph glands	3 mos.
Due to Miliary tuberculosis of lungs, spleen and kidneys	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 N	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E W Moreland 0 (M. D. ~~XXXXX~~)

Address Med. Center for Fed. Prisoners Spfd., Mo. Date signed 7-21-45

984 (Licensed Embalmer's Statement on Reverse Side) 4

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.