

FILED SEP 14 1945

Registration District No. 156

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

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

(d) Street No. 310 Galena Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES GARLAND JOHNSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1945 hour 12 minute 10 A.M.

4. Sex M. (1) 5. Color or race W.

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

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased May 12 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
	<u>3</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Streptococci dysentery

Due to Strep infection

Due to _____

9. Birthplace Galena Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

Other conditions puerperal hemorrhagic
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 240

MOTHER FATHER

12. Name James Alden Johnson

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

14. Maiden name Pauline Stark

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Pauline Stark

(b) Address Galena Kansas

17. (a) Removal (b) Date thereof 8-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external cause, 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? _____

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Despert and Co.

(b) Address Galena Kansas

19. (a) 8-24-45 (b) A. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Al Stone (M, D. or other) _____

Address Galena Kansas Stone signed _____

49
2
5

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

45-8-682

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. Lane Wone*.....

Licensed Embalmer No..... *2880*.....

P. O. Address.....

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.