

FILED MAR 8 1946

Registration District No. 323

Primary Registration District No. 4477

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution home  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Glennwood Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nathaniel L Johnson

3. (b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 4, 1946, to Jan 4, 1946, that I last saw him alive on Jan 4, 1946, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lou Johnson

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November 22 1864  
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

Due to Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

81 1 13 hr. min.

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

10. Usual occupation Doctor, M.D.

11. Industry or business \_\_\_\_\_

12. Name Nathaniel L Johnson

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

14. Maiden name Amanda Capps

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

16. (a) Informant Wilson Capps

(b) Address Glennwood Mo.

17. (a) Burial (b) Date thereof 1-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennwood T. o. o. F.

Major findings: Of operations \_\_\_\_\_

Of autopsy 930

18. (a) Signature of funeral director Byrdie G. Drake, Deputy

(b) Address Lancaster, Mo.

19. (a) Jan. 11-46 (b) Byrdie G. Drake, Deputy  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury L

23. Signature R.E. Vaughn (M. D. or other) D.O.

Address Lancaster, Mo. Date signed 1/5/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-46-379

Date Filed MAR-7-1946

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.....

*Russell Penton*

Registered Apprentice No.....

working under my personal supervision.

Signed *Russell Penton*

Licensed Embalmer No. 3705

P. O. Address *Lancaster, 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.