

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12110**

FILED MAY 9 1946

Registration District No. 7

Primary Registration District No. 4019

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Benton City
(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 50 years
years, months or days

3. (a) PRINT FULL NAME John J. F. Johnson
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace M. Johnson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 5, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 9 hr. min.

9. Birthplace Washington County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Johnson

13. Birthplace Fairfax County, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elvina Stumpf

15. Birthplace Albany, New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace M. Johnson

(b) Address Benton City, Mo.

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

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director T. E. Pugh

(b) Address Mexico, Mo.

19. (a) Apr. 29-46 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Benton City 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 4 minute 5 P. M.

21. I hereby certify that I attended the deceased from March 15 1946 to April 14 1946
that I last saw him alive on April 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia,
General Paralysis
Due to Hypertension
Duration 6-Yrs
7-yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 102
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 W. T. Mcleall (M. D. or other) _____
Address Madonia Mo Date signed 4-16-46

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Earl E. Precht

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.