

FILED MAY 10 1946

Registration District No. _____

Primary Registration District No. 5109

Registrar's No. 31

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town Bellvue Creek
(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 THOMAS JOHNSON JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8-24-1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace BOLLINGER CO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name DAVID JOHNSON
13. Birthplace CANT. KY
14. Maiden name MARY EDWARDS
15. Birthplace CANT. KY
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN JOHNSON
(b) Address MARY QUARK

17. (a) BELLVIEW (b) Date thereof 4-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Edw. Crites

(b) Address MARY QUARK, MO

19. (a) Apr. 29/46 (b) Mellie Dan Newburgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BOLLINGER
(c) City or town BELLVIEW
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13 year 1946 hour 12 minute 12 M.
21. I hereby certify that I attended the deceased from Apr 11 to Apr 13 1946
that I last saw him alive on Apr 10 and that death occurred on the date and hour stated above. 1946

Immediate cause of death Infection Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Edw. Crites (M. D. or other) Edw. Crites
Address Sedgewickville Date signed 4/15/46

RECEIVED

District Health Officer No. 4
District File Number 546-2121
Date Filed 5-9-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Not embalmed.

Licensed Embalmer No.....

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.