

S. No. 2  
 M-8-43  
 5-17-39  
 P I X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12956

State File No. \_\_\_\_\_  
 Registrar's No. 62

**FILED** MAY 14 1946

Registration District No. 139 Primary Registration District No. 4227 #227

1. PLACE OF DEATH:  
 (a) County Holt  
 (b) City or town Craig, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 76 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Holt 44  
 (c) City or town Craig, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Frank 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 Jena Johnson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 25, 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Auburn, Neb.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business On the farm

12. Name Frank Johnson

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

14. Maiden name Fannie Hains

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

16. (a) Informant Mrs. Jena Johnson  
 (b) Address Craig, Mo.

17. (a) Burial (b) Date thereof: April 16, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. O. O. F. Cemetery

18. (a) Signature of funeral director Wilbur L. Schaefer  
 (b) Address Craig, Missouri  
 19. (a) 4-16-46 (b) J. Hains  
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 14<sup>th</sup>  
 year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 10  
 / 1946 to April 19, 1946  
 that I last saw h. alive on April 12, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None

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) (e) Means of injury \_\_\_\_\_

23. Signature D. Perrin (M. D. or other) MD  
 Address Mound City, Mo. Date signed 4-16-46

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

AUG 8 1896

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

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

Signed *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.**