S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18468

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19592

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 647

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Railroad crossing Saxton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution * (Specify whether
In this community 32 Years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan

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

(d) Street No. Rural Route # 4 Saxton Rd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country *

3. (a) PRINT FULL NAME Emmett T. 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 Mary E. Johnson

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 19 (Day) 1880 (Year)

8. AGE: Years 65 Months 9 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Francis N. Johnson
13. Birthplace Rockport (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Sitha Waits
15. Birthplace Rockport (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Mary E. Johnson

(b) Address Rural Route # 4 Saxton Rd.

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

(c) Place: burial or cremation Ebenezer Cemetery.

18. (a) Signature of funeral director Herman W. Hindenfarden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) June 5, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) V.H.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1946 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from viewed June 2nd, 1946, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Injuries received when struck by train	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 169.8
Of autopsy 30

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) Accident 0 11

(b) Date of occurrence June 2nd 1946

(c) Where did injury occur? Rural Buchanan County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? yes (e) Means of injury Train 3

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 4/3/46

34

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.