

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. **26562**

Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Salisbury**
(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 **all except 8 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William H 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 **Edith Johnson** 6. (c) Age of husband or wife if alive **3-1869** years

7. Birth date of deceased **Oct 3-1869** (Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **17** If less than one day hr. min.

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

10. Usual occupation **laborer**

MOTHER FATHER

11. Industry or business _____

12. Name **John B Johnson**

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

14. Maiden name **Mary Francis Adams**

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

16. (a) Informant **Edward Johnson**

(b) Address **Salisbury Mo**

17. (a) **Burial** (b) Date thereof **8-21-46** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury**

18. (a) Signature of funeral director **Geo Blunkatman**

(b) Address **Salisbury Mo**

19. (a) **8/20/46** (b) **Fudlabinski** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Salisbury** (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **19** year **1946** hour **8:10** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Aug 1** 1946, to **Aug 19** 1946
that I last saw him alive on **Aug 13** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolus**

Due to _____
Due to **Organic Heart Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **9:5 C**

Duration

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) (i) Means of injury _____

23. Signature **Huplant** (M. D. of other) _____
Address **Salisbury Mo** Date signed **8/20/46**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-31-46

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

Chas. W. Weinheimer

Licensed Embalmer No.

3847

P. O. Address

Salisbury, 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.