

No. 2  
1-5-43  
5-17-39  
1 X36671

FILED DEC 31 1946  
279

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3056

Registrar's No. 273

1. PLACE OF DEATH:

(a) County RANDOLPH

(b) City or town MOBERLY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
WOODLAND HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town PARIS 2  
(If outside city or town limits, write "RURAL")

(d) Street No. MARION ST. 0  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD JOHNSON

3. (b) If veteran, name war ✓

3. (c) Social Security YES  
No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY JOHNSON

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

7. Birth date of deceased JAN. 30 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name HENRY JOHNSON 9

13. Birthplace N.K. 1 (City, town, or county) (State or foreign country)

14. Maiden name N.K. (City, town, or county) (State or foreign country)

15. Birthplace N.K. 9 (City, town, or county) (State or foreign country)

16. (a) Informant THOMAS JOHNSON

(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 12-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation CEDRAR GROVE

18. (a) Signature of funeral director Speedy Blakey

(b) Address PARIS, MO.

19. (a) Dec 26 46 (Date received local registrar)

(b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15-TH  
year 1946 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 6  
1946 to Dec 15 1946  
that I last saw him alive on Dec 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas with generalized abdominal metastases 3 months (2)

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

Due to 466

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

Major findings: Carcinoma of pancreas

Of operations abdomen (Biopsy confirms)

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) \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Signature A. Jewell 6 (M. D. or other) \_\_\_\_\_

Address MOBERLY, MO. Date signed 23 Dec 46

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

Permit No. 1  
District Health Officer No. 70  
District Health Officer No. 1246-2842  
Date Filed **DEC 30 1946**

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**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.....

Licensed Embalmer No.....

P. O. Address..... **Paris, Missouri.**

**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. .**