

Registration District No. 187 Primary Registration District No. 3040

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Chillicothe
(c) Name of hospital or institution: 115 Lilly
(d) Length of stay: In hospital or institution about life

3. (a) PRINT FULL NAME Claude Johnson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Don't know exact

8. AGE: Years 65 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Pattersonburg (City, town, or county) MO (State of foreign country)
10. Usual occupation Labal

11. Industry or business _____
12. Name Jack Johnson
13. Birthplace Don't know
14. Maiden name Cynthia Cane
15. Birthplace MO

16. (a) Informant Kenneth J. Johnson
(b) Address Gilman City MO
17. (a) Burial (b) Date thereof Feb 14/47
(c) Place: burial or cremation Biggs Greenwood
18. (a) Signature of funeral director E. J. Keith 3227
(b) Address Chillicothe MO
19. (a) Feb 12/47 (b) Frances B. Neale

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Linn
(c) City or town Chillicothe
(d) Street No. 115 Lilly St
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day Twelfth year 1947 hour 8:30 minute _____
21. I hereby certify that I attended the deceased ruined after death
that I last saw h. _____ alive on _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound in left temple by person or persons
Due to unknown
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 166
Findings by coroner jury

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Feb 12, 1947
(c) Where did injury occur? Chillicothe - Linn MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? NO (e) Means of injury Shotgun
23. Signature Lee Mack Coroner Address Chillicothe MO Date signed 2/14/47

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

MOTHER FATHER

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.....

Was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Buckitt*.....

Licensed Embalmer No. *3227*

P. O. Address *Chillicothe 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.