

FILED APR 28 1947

Registration District No.

Primary Registration District No. 3038

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McLarney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin, (Rural)
(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 XXXXX

3. (a) PRINT FULL NAME Urban E. Johnson

3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXX

4. Sex Male (M) 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased January 14 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name J. R. Johnson
13. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Phillips
15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs U. E. Johnson
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 4/12/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (c) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo.

19. (a) 4-12-47 (b) Walter Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th.
year 1947 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from April 6 to April 9 1947
that I last saw him alive on April 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Duration 7 days

Due to Atherosclerosis

Due to Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature John R. Owen (M. D. or other)
Address Brookfield, Mo Date signed 4/10/47

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

Signed.....

Darr A. Taylor

Licensed Embalmer No..... 3761

P. O. Address..... Linneus, 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.