

Registration District No. 263

Primary Registration District No. 54-6-9 5889

State File No. _____

Registrar's No. 1

1. PLACE OF DEATH: Ozark

(a) County Rural- Jasper Twp.

(b) City or town (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 73 yrs (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Henry Talbert Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M O

5. Color or race W

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 20 1874 (Day) (Year)

7. Birth date of deceased February (Month) 24 (Day) 1874 (Year)

8. AGE: Years 73 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name William C. Johnson

13. Birthplace Ozark Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name American Whitney

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

16. (a) Informant Mary P. Johnson

(b) Address Theodosia Mo

17. (a) Burial, cremation, or removal

(b) Date thereof 5-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lutie, Mo

18. (a) Signature of funeral director _____

(b) Address Gainesville, Mo.

19. (a) 5-18-1947 Mary P. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 97

(c) City or town Theodosia rural 0 (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 May day 14

year 1947 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from May 12 1947 to May 14 1947

that I last saw him alive on May 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to: Mitral Valve leakage

Due to: High blood pressure

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? _____ (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)

(e) Means of injury _____

23. Signature P. E. Bushong (M. D. certifies)

Address Gainesville, Mo. Date signed 5-17-47

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

RECEIVED

District Health Officer No. 8,
District Office Number 647-656

Date Filed JUN 13 1947

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 W B Hutcherson

Licensed Embalmer No. 3481

P. O. Address Garnesville 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.