

S. No. 2
M. 43
7. 5-17-39
P. 1-336571

FILED JUN 23 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **227**

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

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Harrison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leveering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Oakwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **1704 Ruby Ave**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **William D. Johnson**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Meba** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **July 10 1911**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	10	16	hr. min.

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

10. Usual occupation **Shoe Worker**

11. Industry or business

12. Name **Chas. D. Johnson**

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

14. Maiden name **Helena Carey**

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

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

(b) Address **1704 Ruby Ave Oakwood Mo**

17. (a) **Burial** (b) Date thereof **May 29 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grandview Burial Park**

18. (a) Signature of funeral director **James O'Donnell**

(b) Address **Harrison Mo**

19. (a) **6-10-47** (b) **Dr E. M. Lucke**
(Date received local registrar) (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26** year **1947** hour minute **3:25 P.M.**

21. I hereby certify that I attended the deceased from **May 26 1947** to **May 28 1947** that I last saw him alive on **May 28 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Gun shot wound through left chest** Duration **1 hr**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **16 ft**

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) **Suicide**

(b) Date of occurrence **May 26 1947**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**
(Specify type of place) (e) Means of injury: **shot gun**

23. Signature **J. W. [unclear]** (M. D. or other)

Address **[unclear]** Date signed **5-27-47**

JUL 1 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. 497,
working under my personal supervision.

Signed R. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.