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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

106 FILED OCT 7 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33521

State File No.

Registration District No. 36 D

Primary Registration District No. 6225

Registrar's No. 155

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Walnut Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 yr. 11 mo 15 days (Specify whether years, months or days)

In this community: Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 108

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 547 1/2 Main (If rural, give location)

(e) If foreign born, how long in U. S. A.? unknown years.

3. (a) PRINT FULL NAME: Henry Johnson

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years 67 Months ? Days ? If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Hospital Records

(b) Address: Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Hospital Cemetery

18. (a) Signature of funeral director: Perry Funeral Home

(b) Address: Nevada Mo

19. (a) 9-30-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1947 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from 9-10-47, 19..., to 9-27-47, 19...; that I last saw him alive on 9-26-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operation: no operation

Of autopsy: no autopsy

Duration

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): No.

(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? (Specify type of place)

(e) Means of injury:

While at work?

23. Signature: R. B. Leslie (M. D. or other)

Address: Nevada Mo Date signed 9-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-47-117
Date Filed 10-6-47

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1960

P. O. Address Neveda Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.