No. 2
-1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 234

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2425 So. 12th 7 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Pere G. Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lila Johnson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 26 (Day) ~~1885~~ 1883 (Year)

8. AGE: Years ✓ 64 ~~62~~ Months 3 Days 0 If less than one day hr. min.

9. Birthplace Chariton (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Engineer

11. Industry or business C. B. & Q. R. R. Co.

12. Name Peter Eric Johnson

13. Birthplace Unknown (City, town, or county) Sweden (State or foreign country) 4

14. Maiden name Charlotta Ann Jearn

15. Birthplace Unknown (City, town, or county) Sweden (State or foreign country) 1

16. (a) Informant Lila Johnson

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 1-28-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 4 7

Cor. by off. 2-24-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1948 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from March 4, 1940 to Jan 24, 1948; that I last saw him alive on Jan 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Chronic Myocarditis and myocardial degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 9 3 2

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature H. N. Tospon (other) DO

Address St. Joseph Mo Date signed 1/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 26 1948

FEB 18 1949

FEB 9[illegible]

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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.

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State of Missouri } ss.
County of Buchanan

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 108

On this 6th day of February, 1948, before me appears Lila L. Johnson, who, upon her oath, states that the original record of ~~birth~~ death for Bere G. Johnson, ~~born~~ died January 26, 1948, in the State of Missouri, and which was filed at St. Joseph, Mo. on ....., 19....., should be corrected as follows:

Item No. 7 should read Oct. 26, 1883
Instead of Oct. 26, 1885

Item No. ..... should read .....
Instead of .....

Item No. 8 should read 64 - 3 - 0
Instead of 62 - 3 - 0

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lila L. Johnson wife
Relationship.

2425 So. 12th
Present Address. St. Joseph Mo.

Subscribed and sworn to before me this 6th day of February, 1948.

My Commission expires Oct. 18, 1950 Alouise Bowman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
X37817

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