

No. 2
12-45
17-39
X47070

FILED FEB 3 1948

State File No. _____

Registration District No. 187

Primary Registration District No. 5299

Registrar's No. 4

1. PLACE OF DEATH:

(a) County LINN

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 72 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Bucklin
(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 _____

3. (a) PRINT FULL NAME John N. Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 6 year 1948 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from 11/4/41, 19____ to 1/6/48, 19____; that I last saw him alive on 1/2/48, 19____; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 28, 1875
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis

Due to Arterio-sclerosis

Due to _____

8. AGE: Years 72 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Chicago, Ill.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations AFA

Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____

12. Name Nela Johnson

13. Birthplace Oslo Norway
(City, town, or county) (State or foreign country)

14. Maiden name Emily Jensen

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant H. H. Johnson

(b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof Jan 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Method Union Cem

18. (a) Signature of funeral director W. B. Erwin

(b) Address Bucklin Mo.

19. (a) Jan 8, 1948 (b) W. B. Erwin
(Date received local registrar) (Registrar's signature)

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 W. B. Erwin (D.O. or other) W. B. Erwin

Address Bucklin, Mo. Date signed 1/7/48

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

MAR 1 1948

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.....

C. A. Garrison

Licensed Embalmer No. *4037*

P. O. Address. *Bucklin 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.