

No. 2
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5-17-39
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FILED FEB 5 1948
201

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 4314

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MACON
(b) City or town Atlanta
(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 none
(Specify whether
In this community 65 yrs
years, months or days)

3. (a) PRINT FULL NAME John P. Janson

3. (b) If veteran name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Daisy Janson 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 21 - 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Janson 4

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

14. Maiden name Mary Williams

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

16. (a) Informant Daisy Janson

(b) Address Atlanta MO

17. (a) Burial (b) Date thereof 1-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvar

18. (a) Signature of funeral director Embroidery
(b) Address Atlanta MO

19. (a) Jan 29-48 (b) Mrs O P Griffin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MACON 61
(c) City or town Atlanta 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 Jan day 24
year 1948 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from November 9
1947 to Jan 24 1948
that I last saw him alive on Jan 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 935

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 E. L. Ayda (M. D. or other) _____

Address Atlanta MO Date signed _____

A-27-1548

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

MOTHER FATHER

MAY 26 1948

RECEIVED

District Health Officer No. 10

District File Number 2-48-209

Date Filed FEB -3 1948

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..... *H. M. Goodding*

Licensed Embalmer No. *1750*

P. O. Address. *Atlanta 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.