

FILED JAN 29 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Horton - rural Wash Sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R.R. #1
(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)

In this community see his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermon

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

(d) Street No. R.R. #1 rural Wash. Sup
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Virgil Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color of race W

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

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

7. Birth date of deceased Johnny 18 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 10 27 _____ br. _____ min

9. Birthplace Horton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank F. Johnson

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

14. Maiden name Ellie Leacey

15. Birthplace Blue Mounds Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Johnson

(b) Address Horton, Missouri

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

(c) Place: burial or cremation Barton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Neosho, Missouri

19. (a) 1-23-48 (b) Mathew Nancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 3 hour _____ minute _____ A.M.

21. I hereby certify that I attended the deceased from NOV 9, 1947 to 14 Jan 1948
that I last saw him alive on 12 Nov 47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esophagus
Choked to death
Diagnosed

Due to Carcinoma Esophagus

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operation none

Of autopsy none

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 place)

While at work? _____ (Specify type place)

(e) Means of injury _____

23. Signature Robert Ray Date signed 1-20-48
Address Neosho

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 18-47-3028
Date Filed 1-22-48

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 Mike G. Terry
Licensed Embalmer No. 1432
P. O. Address Nevada 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.