. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11726

Registration District No. 399 Primary Registration District No. 5173 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Holts Summit
(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 no (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Holts Summit Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 14
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William M Johnson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife CARRY Mild Red Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 6 (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name East Johnson
13. Birthplace Unknown (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name Kelley
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant George Smith
(b) Address Holts Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon Cemetery
18. (a) Signature of funeral director Ray A. Holt
(b) Address New Bloomfield Mo
19. (a) May 5-48 (Date received local registrar) (b) Leroy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947, to May 4, 1948; that I last saw him alive on May 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: arteriosclerotic heart d.	1 yr.
Due to Hypertension	1 yr.
Nephritis	6 month
Due to Decompensation	2 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. Kanagawa (M. D. or other) MD
Address 1 Dallmeyer Bldg Date signed 5/6/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1941

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-14-41

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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.