

No. 2
1-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15259**

FILED MAY 6 1948
Registration District No. **27**

Primary Registration District No. **#5474537**

Registrar's No. **6**

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

10
00

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Irondale
(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... life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington **110**

(c) City or town Irondale **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location) **0**

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

If yes, name country

3. (a) PRINT FULL NAME Henry Edward Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 15 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>15</u>hr.min.

9. Birthplace DeSoto Missouri **1**
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name Silas Johnson **9**

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Yates **9**

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Johnson

(b) Address Irondale Missouri

17. (a) burial (b) Date thereof 4-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

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

(b) Address Irondale Missouri

19. (a) 4-30-1948 (b) Jessie Eichenberger
(Date received local registrar) (Registrar's signature) **3209**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 7, 1948, to March 7, 1948, that I last saw him alive on called in at his death and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to Apoplexy

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations OBW

Of autops:

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

23. Signature Jas. W. Huffman (M. D. or other) **MM**

Address Blumark Mo Date signed 4-9-48

RECEIVED

District Health Officer No. 4
District File Number 548-581
Date Filed 5-5-48

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed Arnold J. White
Licensed Embalmer No. 3012
P. O. Address Proctor, 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.