

FILED MAY 17 1948

Registration District No. 188

Primary Registration District No. 4179

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Senath
(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

Ben H. Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased March 10, 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alfred S. Johnson

13. Birthplace Near St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Carlene Smith

15. Birthplace Wright County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Johnson

(b) Address Senath, Missouri

17. (a) Burial (b) Date thereof April 12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGrew Cemetery

18. (a) Signature of funeral director McDaniel Funeral Ser

(b) Address Senath, Missouri

19. (a) 5-7-1948 (b) Mrs J. H. Lane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,
year 1948 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 6, 1948, to April 9, 1948,
that I last saw him alive on April 9, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
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 _____

23. Signature Robert H. Meats (M. D. or other) _____
Address Senath Missouri Date signed 4-21-48

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

35
4
0

35
4
0

1310

RECEIVED

District Health Office No. 2

District File Number 548-621

Date Filed 5-13-48

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 *A. J. McDaniel*
Licensed Embalmer No. 2093
P. O. Address *Leventh 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.