FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18753
Primary Registration District No. 1000
Registrar's No. 658

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ hours (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2401 North 18th, Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lloyd Johns
3. (b) If veteran, name war No
3. (c) Social Security No. 491-09-3081
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ester
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased January (Month) 17, (Day) 1915 (Year)

8. AGE: Years 33 Months 4 Days 22 If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Belt-Drive-In-Theater
FATHER
12. Name James Johns
13. Birthplace Nodaway, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Anna Gayler
15. Birthplace Unk (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Mr. James Johns
(b) Address 2401 No. 18th, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn
18. (a) Signature of funeral director Stamer Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 6-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th year 1948 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from 10:30 AM June 9, 1948, to 10:20 PM 6/9/48 that I last saw him alive on 6/9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	Approx 3-4 wks
(1) Peripheral	
(2) Pulmonary	
Due to Probable Rheumatic Heart	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

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 Robert W. Kuber M.D. (M.D. or other)
Address Phys. & Surg. Bldg. - St. Joseph, Mo. Date signed 6/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1950

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.