

FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21840

State File No. _____

Registration District No. 3 2 4

Primary Registration District No. 6093

Registrar's No. 145-

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Harrisonville 20
(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 JOSEPH LYNN JOHNSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19 1932
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6
year 1948 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from July 5
1948, to July 6 1948;
that I last saw him alive on July 5 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death Myo-Carditis
Duration ?

8. AGE: Years Months Days If less than one day
16 3 19 hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation None

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business None

MOTHER, FATHER { 12. Name Velour Keitparick Johnson

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

14. Maiden name Nancy Elizabeth Butler

15. Birthplace Arkansas State State
(City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School
(b) Address Marshall, Mo

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 _____

17. (a) Burial (b) Date thereof 7-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall, Mo

23. Signature R. J. [unclear] (M. D. or [unclear])
Address Marshall, Mo Date signed 7/6/48

19. (a) July 9-1948 (b) Bidney H. Gray
(Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-48

AUG 9 1948

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 _____

Joseph R. Mackler, Registered Apprentice No. 43
working under my personal supervision.

Signed Harry Hershberg
Licensed Embalmer No. 4357
P. O. Address Marshall, W.

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.