

FILED JUL 27 1948

State File No.

Registration District No. 25Primary Registration District No. 5093Registrar's No. 24

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town RFD Rich Hill - NEW HOME
 (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.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME George Roy Johnson3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced infant
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased May 27th 1948
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>23</u>	hr. min.

9. Birthplace Butler Missouri (City, town, or county) (State or foreign country)10. Usual occupation infant

11. Industry or business

12. Name George Johnson
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Crabtree
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mary Jane Johnson
(b) Address Rich Hill Missouri17. (a) Burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ONE HILL - BUTLER MO.18. (a) Signature of funeral director Booths
(b) Address Rich Hill Missouri19. (a) July 22, 1948 (Date received local registrar) (b) Mrs. Edna Douglas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town RFD Rich Hill
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 3 minute A M.21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of death Duration
Found dead in its bed unknown

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 2000

Major findings:
 Of operations no medical attendance
since birth.
 Of autopsy no

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?.....

While at work?..... (Specify type of place) (e) Means of injury CORNER
 23. Signature John J. Underwood (M. D. or other)
 Address Butler Mo Date signed 7-21-48

RECEIVED

District Health Officer No. 7

District File Number 833

Date Filed 7-26-4

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 John G. Underwood

Licensed Embalmer No. 3585

Butler Missouri

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.