FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22236

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 745

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether

In this community: 35 years (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.: 824 South 9th St (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: John L. Johnson

3. (b) If veteran, name war: no

3. (c) Social Security No.: ?

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April 14, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	27	hr. min.

9. Birthplace: Denver, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Stuebner Dry Cleaning

FATHER
12. Name: Wm Johnson
13. Birthplace: Denver, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mathilde Barnes
15. Birthplace: DeKalb, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Wayne Kelven

(b) Address: Hazen, S. D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 7-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 8, 1948, to July 11, 1948 that I last saw him alive on July 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 7-12-48: Bronchial Pneumonia & scar from old cerebral stroke	

107

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: [signature] (M. D. or other)

Address: The Tootle Building St. Joseph, Missouri Date signed: 7-12-48

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

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

JUL 21 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 ...., Registered Apprentice No. ..... working under my personal supervision.

Signed Victor Barr

Licensed Embalmer No. 421

P. O. Address S T Joseph mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.