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10-47
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FILED JUL 30 1948
Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Katie Jane Memorial Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased August 13, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Retired laborer Railroad

11. Industry or business Railroad

12. Name Andrew Johnson

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

14. Maiden name Annie Johnson

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

16. (a) Informant Mrs. Pauline Schuster

(b) Address 568 Madison, St. Charles, Mo.

17. (a) Burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.
F.W. Nieburg & Co.

(d) Signature of funeral director _____
(e) Address Warrenton, Mo.

19. (a) 7/25/48 Mrs. Vanella Watson
(Date received local registrar) (Registrar's signature) (Initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 6:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 30, 1948, to July 24, 1948; that I last saw him alive on July 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial effusion

Due to arteriosclerosis, myocarditis, chronic myocarditis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature W. A. ... (M. D. or other) MD

Address Warrenton, Mo. Date signed July 27

Duration 3 days
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 29 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 John J. Heising
Licensed Embalmer No. 3897
P. O. Address Warrenton, Mi

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.