

10-47  
5-17-39  
P I 3906

State File No. 25845

FILED SEP 4 1948

Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Dade

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Yrs.  
years, months or days

3: (a) PRINT FULL NAME Fred Lynn Johnson

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hildruth Hufft Johnson

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Jan 2 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 7 18 hr. min.

9. Birthplace: Dallas Co,  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles F. Johnson

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

{ 14. Maiden name Rebecca Welch

{ 15. Birthplace Dallas Co.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hildruth H. Johnson  
Lockwood, Mo.

(b) Address \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8/22/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. (a) Signature of funeral director W. R. Allison  
Breenfield, Mo.

(b) Address \_\_\_\_\_

19. (a) 8-22-48  
(Date received local registrar)

(b) Geo. L. Weir  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade

(c) City or town Lockwood, Mo.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20  
year 1948 hour 9 minute 50 M.

21. I hereby certify that I attended the deceased from July 1 1948 to Aug 20 1948  
that I last saw him alive on Aug 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 4/10 F

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature James P. Wren (M. D. or \_\_\_\_\_)

Address Lockwood Mo Date signed 8-21-48

RECEIVED

District Health Officer No. 6;

District File Number 848-985

Date Filed SEP 2 1948

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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.....

George W Newcomb, Registered Apprentice No. 30  
working under my personal supervision.

Signed W.R. Allison  
Licensed Embalmer No. 4404  
P. O. Address Greenfield, Mass

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.