No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

Registration District No. 289

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27029

Registrar's No. 254

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 North Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 810 North Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ---

64 3 40

3. (a) PRINT FULL NAME: JAMES WALTER JOHNSON

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: male 2

5. Color or race: negro

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

6. (b) Name of husband or wife: Annie Johnson

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

7. Birth date of deceased: September (Month) 21 (Day) 1861 (Year)

8. AGE: Years 86 Months 8 Days 24 If less than one day ... hr. ... min.

9. Birthplace: Sydney (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: retired

11. Industry or business: ---

FATHER
12. Name: unknown
13. Birthplace: " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: unknown
15. Birthplace: " (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Rosalie Sephus
(b) Address: 810 North, Hannibal, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson Cemetery

18. (a) Signature of funeral director: Wm. R. Sephus
(b) Address: 810 North, Hannibal, Mo.

19. (a) 8-14-48 (Date received local registrar) (b) Wm. E. M. Lucke (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 16 year: 1948 hour: 12 minute: 15 p. M.

21. I hereby certify that I attended the deceased from June 16, 1948 to June 16, 1948 and that I last saw him alive on June 16-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Coma

Due to: Chronic Nephritis

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration

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: H. Paul Meier (M. D. or other)
Address: Hannibal Mo. Date signed: 6/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Sephus.

Licensed Embalmer No. 3420

P. O. Address 801 N. St Hannibal

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.