FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 1 1948
Registration District No. 2 7 X

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27339
Primary Registration District No. 6001
Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Ralls
(b) City or town: Rural, Salina Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City, R. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls
(c) City or town: Rural, Monroe City #2
(If outside city or town limits, write "RURAL")
(d) Street No.: 11 Miles South & East of Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Perry Johnson.
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Mildred Johnson.
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 16th (Day) 1872. (Year)

8. AGE: Years	Months	Days	If less than one day
76	3	4	hr. ..... min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business:
MOTHER, FATHER
12. Name: EDWARD J. Johnson.
13. Birthplace: Indiana. (City, town, or county) (State or foreign country)
14. Maiden name: Martha Snider.
15. Birthplace: Illinois. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Perry Johnson
(b) Address: Monroe City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: OAKLAN, Ralls Co. Mo.
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City Missouri.
19. (a) 8-23-194 (Date received local registrar) (b) Clyde C. Wilkey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 12, 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: Cerebral Hemorrhage	Duration: 8 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	PHYSICIAN: Underline the cause of which death should be charged statistically.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: J. E. Brown (M. D.)
Address: Perry Mo Date signed: 8-23-48

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

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

RECEIVED
District Health Officer No. 1
District File Number 8-48-15
Date Filed AUG 31 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 Charles V Greening Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

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.