

No. 2
12-45
-17-39
X47070

FILED OCT 19 1948

Registration District No. 338

Primary Registration District No. 6154

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

1. PLACE OF DEATH

(a) County Stoddard

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

(c) Name of hospital or institution: ✓
(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 6 months

3. (a) PRINT FULL NAME Rennie Douglas Johnson

3. (b) If veteran, ✓ name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Krueh

6. (c) Age of husband or wife if alive 5 48 years
(Month) (Day) (Year)

7. Birth date of deceased Krueh 5 48
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
6	<u>6</u>	<u>12</u>	<u>yr.</u> <u>hr.</u> <u>min.</u>

9. Birthplace Warrensburg Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

12. Name Debert J. Johnson

13. Birthplace Loneoke Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Leone Duke

15. Birthplace Loneoke Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant D. J. Johnson

(b) Address Paul Rosehouse Mo 13-48

17. (a) Paul Rosehouse (b) Date thereof Sept 13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery London Mo

18. (a) Signature of funeral director Rose Webster

(b) Address 10-15-48

19. (a) 10-15-48 (b) Rose Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Rural
(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 Sept day 17 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 16 1948, to Sept 17 1948; that I last saw him alive on Sept 17 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cholera

Due to X

Due to _____

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

Duration 9/14/48
to
9/17/48

Major findings:
Of operations X
Of autopsy 11/14/48

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? 0

While at work? 0 (Specify type of place) _____

(c) Means of injury Mr. D. J.

23. Signature D. J. Brandon (M. D. or other) Mr. D. J.

Address Essex Mo. Date 9/26/48

RECEIVED

District Health Office No

District File Number 1048-1

Date Filed 10-18-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.