

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37644
Registrar's No. 6

FILED NOV 16 1948
Registration District No. 280

Primary Registration District No. 5962

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

83
9
3

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Marshall Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Austin W. Johnson

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased: October 4 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 18
If less than one day hr. min.

9. Birthplace Monroevie Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business _____

12. Name Hiram Johnson

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

14. Maiden name Minervia Miller
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Jones

(b) Address DeKalb, Missouri

17. (a) Removal (b) Date thereof Oct. 25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nortonville, Kansas

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) 10-23-48 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 5 minute 30p M.

21. I hereby certify that I attended the deceased from January 1946 to Oct. 22 1948
that I last saw him alive on Oct. 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Lobar Pneumonia</u>	<u>3 days</u>
<u>Cerebral Hemorrhage</u>	<u>8 No.</u>
<u>Arteriosclerosis</u>	

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

Major findings:
Of operations _____
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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(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 2

23. Signature R. J. Rollins (M. D. or other) DO
Address Weston, Mo. Date signed 10/23/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-15-48

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. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, 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.