DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7084

State File No.

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence of son, 326 East Monroe Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - 1
(Specify whether years, months or days)
In this community - - - 1 month & 14 days - - -

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Lee 999
(c) City or town Rural near Keokuk 13
(If outside city or town limits, write "RURAL")
(d) Street No. - - - - 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - 1

3. (a) PRINT FULL NAME Hjalmer J. Johnson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Elizabeth Beckett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 13 (Day) 1870 (Year)

8. AGE: Years 79 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Jonkoping (City, town, or county) Sweden 4 (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name John Johnson
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gustava Bergstine
15. Birthplace Sweden 4 (City, town, or county) (State or foreign country)
16. (a) Informant J. Harold Johnson
(b) Address Memphis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-49 (Month) (Day) (Year)
(c) Place: burial or cremation Scandinavian Cem. Lee County, Iowa
18. (a) Signature of funeral director Carl Schmidt
(b) Address Keokuk, Iowa
19. (a) 2/5/49 (Date received local registrar) (b) M Baker (Registrar's signature) 404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1949 hour minute M.
21. I hereby certify that I attended the deceased from Dec 1, 1948, to Jan 31, 1949, that I last saw him alive on Jan 30, 1949, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 0
Major findings: Of operations 0
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. E. Lowe (M. D. or other) D.O.
Address Memphis Mo Date signed 2-26-49

(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 Carl Schmidt

Licensed Embalmer No. 3558

P. O. Address Keokuk, Iowa

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.