

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36399

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1239

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2434 South 6th St.</u>		d. STREET ADDRESS (If rural, give location) <u>2434 So. 6th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>M.</u> c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 9 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 11, 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	11. BIRTHPLACE (State or foreign country) <u>Linn Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Hoerman</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-24-5137</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Johnson</u> ADDRESS <u>Bendena, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4-2 mos</u>	

18a. DATE OF OPERATION <u>11/9/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>U - ✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Nov. 9, 1949, that I last saw the deceased alive on NOV 7, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clemens P. Schneider</u>	23b. ADDRESS <u>The Schneider Bldg. St. Joseph, Missouri</u>	23c. DATE SIGNED <u>11/9/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fanning</u>	24d. LOCATION (City, town, or county) (State) <u>Fanning Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 16, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Jenkins</u> ADDRESS <u>Tracy, Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address Troy, Ala.

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.