

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12008
Registrar's No. 437

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1219 So 10th St.		d. STREET ADDRESS (If rural, give location) 1219 So 10th St.	

3. NAME OF DECEASED (Type or Print) George Edward	a. (First)	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH April 8, 1950	(Month) (Day) (Year)
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 27, 1923	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hide tanner	10b. KIND OF BUSINESS OR INDUSTRY Packing Plant	11. BIRTHPLACE (State or foreign country) Plainview, Nebr.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert S. Johnson	13b. MOTHER'S MAIDEN NAME Hulda M. Jackson	14. NAME OF HUSBAND OR WIFE Dorothy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If you know year of date of service) W W 2 499-18-5087	17. INFORMANT'S SIGNATURE OR NAME Albert Johnson, St. Joseph, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day E776A
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by gun shot in the head.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. head with a 22 caliber rifle		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION while alone in his room in his home	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph (COUNTY) Buchanan, (STATE) Mo.
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21d. TIME OF INJURY April 8 1950 5:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? self inflicted gun shot wound
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22. I hereby certify that I attended the deceased from April 8, 1950, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy, M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 4/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG April 14, 1950	REGISTRAR'S SIGNATURE K. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Victor J. Barry	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

APR 17 1950

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.....
Student Embalmer

Signed

Victor J. Barry

Licensed Embalmer No. *14212*

P. O. Address *St Joseph 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.