

No. 2
-13-40
17-39
X23159

State File No.

FILED AUG 16 1941

Registration District No. 247

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs
(Specify whether years, months or days)

In this community 15 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard L. Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 18 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Davis Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Caleb Johnson

13. Birthplace Davis Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Marion Adkins

15. Birthplace Davis Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Butler

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred C. Wilkinson

(b) Address Clinton Mo

19. (a) 7-24-41 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 042

(a) State Missouri (b) County Henry

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

(d) Street No. 7 mi NW of Clinton
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1941 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 5th 1941 that I last saw him alive on July 5th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death The dead Sunday morning at the Clinton General Hospital at 3:40 A.M.

Due to injury by car wreck on Highway 35 Henry Co. Mo.

Due to injury to brain & internal injuries. Never regained consciousness.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: none.

Of operations

Of autopsy none.

Duration

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) Accident.

(b) Date of occurrence July 6th 1941. 042

(c) Where did injury occur? On Highway No. 35.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

While at work? No. (Specify type of place)

(e) Means of injury car wreck.

23. Signature W. J. Jennings (M. D. or other) Physician

Address Clinton Mo. Date July 8-1941

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

2
1
2

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1340

Date Filed 8-14-41

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.....

Fred Wickman

Licensed Embalmer No. 2478

P.O. Address Cleinton M

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.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH: Henry
 (a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs.
 In this community 15 yrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Henry
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 mi W + S. of Clinton
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard L. Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July, Day 2, Year 1941
 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____
 that I last saw him/her alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, 8
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Duration _____
 Due to _____
 Due to _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Dr. J. Ross
 (Date received local registrar) (Registrar's signature)

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)

(b) 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 _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

S-25197