

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: Community Clinic Hosp.
(d) Length of stay: In hospital or institution Yes 4 hrs
In this community Clinton Rural entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Rural
(d) Street No. Deer Creek Prop.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WALTER HOWARD JOHNSON

3. (b) If veteran name war No 3. (c) Social Security No NONE

4. Sex M O 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 SEPT 16 1928

8. AGE: Years 13 Months 8 Days 28

9. Birthplace Clinton - Rural

10. Usual occupation Student

11. Industry or business

12. Name Lee Johnson

13. Birthplace Henry Co

14. Maiden name Elizabeth Hurdick

15. Birthplace Deane Co

16. (a) Informant Lee Johnson

(b) Address Clinton 17 H 6

17. (a) Burial (b) Date thereof 6/17/42

(c) Place: burial or cremation Eaglewood Cem.

18. (a) Signature of funeral director J. H. Vansant

(b) Address Clinton Mo

19. (a) June 17, 1942 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942

21. I hereby certify that I attended the deceased from June 14 1942 to June 14 1942 that I last saw him alive on June 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured appendixes and spinal peritonitis

Other conditions: 12/11

Major findings: Ruptured appendixes and spinal peritonitis

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

23. Signature Joseph B. Cant Date signed 6-16-42

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 7-42-700

Date Filed 7-7-42

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

H. L. Varsant

Licensed Embalmer No.

3779

P. O. Address

Clinton 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.