

FILED NOV 10 1944

State File No. \_\_\_\_\_

Registration District No. 151

Primary Registration District No. 4217

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Urish  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution at home  
(Specify whether  
In this community 70 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Urish  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Madison Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 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 June 17 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dayton, Cass Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardening & housework

11. Industry or business \_\_\_\_\_

12. Name Joyce Madison Johnson

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

14. Maiden name Barbara Jane Vaughan

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

16. (a) Informant Wade N. Johnson

(b) Address Clinton, Mo

17. (a) Burial (b) Date thereof 8 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urish Mo

18. (c) Signature of funeral director W.D. Brown

(If address 11-1944 Urish Mo)  
19. (a) 4217-42 (b) W.D. Brown  
(Data received local registrar) (Registrar's signature)

1049 George Kitchener  
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12  
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 8 to Sept 11, 1944  
that I last saw him alive on Sept 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 days

Due to Angina Pectoris attacks 1 yr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 944

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

PHYSICIAN  
Underline the cause to which death was 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J.S. McDonald (M. D. or other)  
Address Urish Mo Date signed 9-13-44

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

72000

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1274

Date Filed 11-28-44

**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 R. R. Kenney

Licensed Embalmer No. 3099

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.