

**FILED** DEC 3 7 35  
Registration District No. 37

Primary Registration District No. 5507

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

Registrar's No. 180

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON DAVIS TWP.  
(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 or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether \_\_\_\_\_)  
In this community 50 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ADDIE MYRTLE JOHNSON

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife U.S. JOHNSON 6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased DEC 3 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 17 hr. \_\_\_\_\_ min.

9. Birthplace CEDAR Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WAPER

11. Industry or business

MOTHER FATHER  
12. Name LOVEAL  
13. Birthplace CEDAR Co. MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY M. SLOAN  
15. Birthplace CEDAR Co. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Barth  
(b) Address Union Mo.

17. (a) Burial (b) Date thereof Nov. 24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director V. A. Vansant

(b) Address Clinton

19. (a) 11-3-45 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1945 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 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 Found dead in barn yard of our home where she lived alone.

Due to Cerebral Hemorrhage as she apparently lived a few hours.  
Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_  
Signature W. P. Tallinger M.D. or other \_\_\_\_\_  
Address Clinton Mo. Date signed 11/24/45

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



11-43-1182  
 Date Filed 12-6-43  
 No. 7

AUG 1 1945

**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, by

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
 working under my personal supervision.

Signed W. J. Varrant

Licensed Embalmer No. 3779

P. O. Address Clinton

**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.**