

No. 2
-2-43
-17-39
X39697

FILED JAN 21 1948
Registration District No. _____

Primary Registration District No. 4218

100199
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 604 E. Jackson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 15 years
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")

(d) Street No. 604 East Jackson 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Julia Johnson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1945 hour 4:00 p. M.

21. I hereby certify that I attended the deceased from Dec 21 to Dec 21
from 1945 to 1945
that I last saw him alive on Dec 21 1945
and that death occurred on the date and hour stated above.

4. Sex Fe 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 November 7, 1867
(Month) (Day) (Year)

Immediate cause of death _____
Robert pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 109

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

79	1	14	hr. min.
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9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Samuel Johnson

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Eivira Booher

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Carey Huston
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.

19. (a) 1-10-1946 (b) R. H. Kennedy
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) _____
Address Windsor, Mo. Date signed 12-23

Embalmer No. 71
12-45-1344
1-15-46

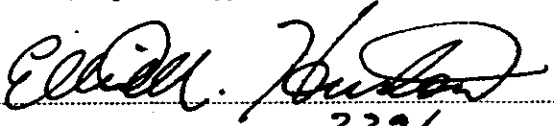
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3391

P. O. Address. Winstan, 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.