

No. 2
2-45
17-39
X47070

FILED JAN 30, 1947

Registration District No. **87** Primary Registration District No. **3023**

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

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 Hospit. 0
(If not in hospital or institution, write street number or location)

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

In this community 50 years

3. (a) PRINT FULL NAME WILLIAM W JOHNSON

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

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

6. (b) Name of husband or wife Margaret Johnson 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb 2 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Retired Banker

11. Industry or business + farmer

MOTHER, FATHER

12. Name Geo W Johnson

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Henderson

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W W Johnson

(b) Address Blairston Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-22-47
(Month) (Day) (Year)

(c) Place: burial or cremation Blairston Mo

18. (a) Signature of funeral director Consolus R. Bell

(b) Address Clinton Mo

19. (a) 1-21-47 (b) R. R. Kesney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 40

(c) City or town Near Blairston Mo RR 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1947 hour 2:30 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 5 1947 to Jan 19 1947
that I last saw him alive on Jan 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage 2 wks.
(Include pregnancy within 3 months of death) Bleeding stomach ulcer 2 wks.

Major findings: 83A

Of operations _____

Of autopsy _____

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)

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

23. Signature: W. R. S. Halligan (Specify type of place) (e) Means of injury U.R.P.
(M. D. or other)

Address Clinton Mo Date signed 1/21/47

12-22-24
1072-9721
2 ON 13010
PLATE NO. 7
113-112

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 J. E. Consoled
Licensed Embalmer No. 1891
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.