

FILED APR 1 1947
Registration District No. 37

Primary Registration District No. 3023
Registrar's No. 70

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Caleb JOHNSON

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 (Month) 16 (Day) 1865 (Year)

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

81 5 7 hr. min.

9. Birthplace: Davis Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Johnson

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

14. Maiden name Sarah Leubert

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

16. (a) Informant Mrs. Chas. Baker

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 3-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Edwards

(b) Address Clinton Mo.

19. (a) 3-24-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. W. Water St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1947 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from March 21 1947, to March 23 1947, that I last saw him alive on March 22 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to Arteriosclerosis

Due to Arteriosclerosis 20 years

Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis

Major findings: Of operations 97

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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature Edward Barrett (Date of other) _____
Address Clinton Mo Date signed _____

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

RECEIVED
District Health Officer No. 7,
District File Number 8-47-326
Date Filed 3-31-49

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.....

John W. Williams, Registered Apprentice No. *454*,
working under my personal supervision.

Signed *John W. Williams*

Licensed Embalmer No. *2478*

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.