

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

28643  
Do not use this space.

SEP 12 1939

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 03  
 (b) Township St Joseph Primary Registration District No. 100 Registered No. 874  
 (c) City St Joseph (d) Street No. St Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. John D. Johnson  
Detalb Co mo St.  Stewartville mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-6-1870  
 7. AGE YEARS 68 MONTHS 10 DAYS 18 If LESS than 1 day, .....hra. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Altman Johnson 10

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Tilka Fresa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Anna Dyer Stewartville

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove 3 mi north of Stewartville DATE Aug 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Brown Stewartville mo

20. FILED Aug 25 1939 H. J. Nestelush Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939 to Aug 24 1939  
 I last saw him live on Aug 24 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion of Heart  
127  
 Date of onset 8/24/39  
7:00 AM

Other contributory causes of importance:  
hypertrophy of prostate  
arteriosclerosis general

Name of operation Prostatectomy Date of 8/16/39  
 What test confirmed diagnosis? Expn Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. J. Nestelush M. D.  
 (Address) 825 Charles St Joseph mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16003

---

---

**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. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address *Stewartville 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, above space should be left blank.**