

BUREAU OF THE CENSUS
FILED JUN 18 1942

Registration District No. 508

Primary Registration District No. 45-5677

State File No. _____

Registrar's No. 92

59
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Livingston
(b) City or town Chula Dream Ridge
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Livingston years, months or days

3. (a) PRINT FULL NAME Joseph Mark Johnson

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

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

6. (b) Name of husband or wife Yettie Johnson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 26 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Deland Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmithing

11. Industry or business Retired

12. Name Jacob K. Johnson

13. Birthplace not known Norway
(City, town, or county) (State or foreign country)

14. Maiden name Anna Martha Evand

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

16. (a) Informant A. J. Johnson
(b) Address Chula MO

17. (a) Burial (b) Date thereof May 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plainview

18. (a) Signature of funeral director G. J. Robertson

(b) Address Laredo

19. (a) May 8 1942 (b) Lou Ella Curry
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston
(c) City or town Chula 59
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2 -
year 1942 hour 8:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from JAN 1942 to MAY 1942
that I last saw him alive on APRIL 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE Duration 1MTH

Due to HYPERTENSIVE HEART DISEASE YRS

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

Major findings: Of operations 938

Of autopsy _____

Duration
1MTH
YRS
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? _____

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

23. Signature D.K. McClellan (M., D., or other) MD
Address Chula Mo. Date signed May 4 1942

7722

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..... *Clifford Olson*.....
Licensed Embalmer No..... *3423*.....
P. O. Address..... *Jackson 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.