

FILED JAN 10 1944

State File No.

Registration District No. 157

Primary Registration District No. 4302

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chula
(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
In this community 2:00 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 59
(c) City or town Chula
(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.

3. (a) PRINT FULL NAME JOHN DAVID JOHNSON

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Augusta Johnson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct 1 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Livingston Co mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Johnson
13. Birthplace Norway 4 (City, town, or county) (State or foreign country)
14. Maiden name Anna M Evans
15. Birthplace Norway 4 (City, town, or county) (State or foreign country)

16. (a) Informant S Augusta Johnson
(b) Address Chula Mo

17. (a) Burial (b) Date thereof Dec 22-1948 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alpha Cemetery

18. (a) Signature of funeral director J. Robertson
(b) Address Tarda, Mo

19. (a) Dec 26 (b) Leo Ella Curry (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 10 1943, to Dec 20, 1943; that I last saw him alive on Dec 19th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Pericarditis Duration 2 Months

Due to.
Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature B Lee Shelton (M. D. or other) DO
Address Tarda Mo Date signed 12-21-43

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

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 M. Robertson....., Registered Apprentice No. *353-*
working under my personal supervision.

Signed *E. J. Robertson*.....

Licensed Embalmer No. *2418*.....

P. O. Address *Fresno, Ind.*.....

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.