

No. 300  
-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32058**

FILED OCT 18 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1076

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Ambulance enroute to Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Roy Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. 488-14-5467

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Johnson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 26 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>7</u>	<u>57</u>	<u>7</u>	<u>15</u>	hr. min.

9. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Contractor

11. Industry or business For self

MOTHER FATHER

12. Name Reuben Johnson

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

14. Maiden name Elizabeth Songer

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

16. (a) Informant Mrs. Ruth Harless

(b) Address 3022 S. 19th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Hester Heuerhopper

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-14-48 (b) B. B. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 3022 S. 19th Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-17-1947, 19\_\_\_\_, to 10-11-48, 19\_\_\_\_;  
that I last saw him alive on 10-9-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Heart Disease, Coronary Artery

Due to Heart Disease, Coronary Artery Sclerosis 2 yrs

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 R. C. Senne (M. D. or other) \_\_\_\_\_  
Address 207 09 S. Blvd Date signed 10-11-48

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**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, ~~my~~.....  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Raymond H. Merckel*.....  
Licensed Embalmer No. *4413 Missouri*.....  
P. O. Address *St. Joseph, 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.**