

FILED JUL 14 1948

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **41**

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

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rayville**
(If outside city or town limits, write "RURAL" and name of township)
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Rayville**
(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 **Charlie Fredrick Johnson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married; divorced. **Married**

6. (b) Name of husband or wife **Edna M. Johnson** 6. (c) Age of husband or wife alive. **56** years

7. Birth date of deceased **Aug. 5, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 **10** **29** hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Edna M. Johnson**

(b) Address **Rayville, Mo.**

17. (a) **Burial** (b) Date thereof **July 6, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Garden Cemetery**

18. (a) Signature of funeral director **Therman B. ...**
(b) Address **Richmond, Mo.**

19. (a) **July 7-1948** (b) **mabel jackson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1948** hour **3** minute **15** **A.M.**

21. I hereby certify that I attended the deceased from **June 15** to **July 4**, 19**48**
that I last saw him alive on **July 3**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatoid Arthritis 20 years**
Duration **20 years**

Due to **✓**

Due to **✓**

Other conditions **old age 59 M**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no operation**

Of autopsy **none made**

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) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X** (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) (e) Means of injury **X**

23. Signature **John T. ...** (M. D. or other) **M.D.**
Address **Excelsior Springs** Date signed **7-5-48**

RECEIVED

District Health Officer No. 8,

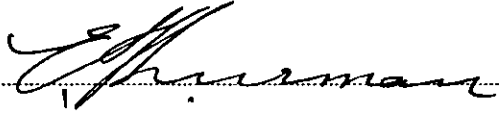
District File Number.....

Date Filed 7-13-48

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, ~~###~~.....

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

Signed.....


Licensed Embalmer No. 2073.....

P. O. Address..... Richmond, 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.