BUELLY OF THE CHRONE  Primary Registration District No		·	·
Primary Registration District No. 2.2. Registror's No. 4.2.2. Registrory No. 4.2.2	-	BUREAU OF THE CENSUS CT AND ADD CEDTII	
Registration District No		FILFIL           45 1946	
(a) County Ray (b) City or town Ray (c) City or tow	,,,,,,	Registration District No	rict No. Q 0 2 2 Registrar's No. Q
Color   Color   County   Cou	1	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
3. (b) If veteran, No name war. No 3. (c) Social Security No	Q	(a) County Havville	
3. (b) If veteran, No name war. No 3. (c) Social Security No	) B		
3. (b) If veteran, No name war. No 3. (c) Social Security No	") H	(c) Name of hospital or institution:	1
3. (b) If veteran, No name war. No 3. (c) Social Security No	″ <u>'</u> 2		(If rural, give location)
3. (b) If veteran, No name war. No 3. (c) Social Security No	Z	(d) Length of stay: In hospital or institution	(r) Citizen of foreign country?NO(Ves or No)
3. (b) If veteran, No name war. No 3. (c) Social Security No	MA	In this community	If yes, name country.
3. (b) If veteran, No name war. No 3. (c) Social Security No	3	3. (a) PRINT Charlie Fradrick Johnson	ll .
3. (b) If veteran, No name war.  No.  No.  No.  No.  No.  No.  No.  N			20. DATE OF DEATH: Month July day 4
4. Set Male O race Married divorced Married for the first of the first		3. (b) If veteran, NO 3. (c) Social Security	year 1948 hour 3 minute # M.
4. Set Male O race Married divorced Married for the first of the first	ΞÌ	name war	21. I hereby certify that I attended the deceased from.
Age   Name of husband or wife   Edna Ma Johnson   Solidar or foreign country   Swedon   Johnson   Swedon   Johnson   Swedon   Johnson   Swedon   Johnson   Swedon   Johnson	<u>}</u>	5. Color or 6. (a) Single, widowed, married;	15 the 194610 July 4, 1948
Edna M. Johnson  7. Birth date of deceased Aug.  8. AGE: Years Months Days If less than one day  77 10 29 hr.  9. Birthplace Unknown  9. Birthplace Unknown  11. Industry or business  12. In Maiden name Unknown  13. Birthplace Unknown  14. Maiden name Unknown  15. Birthplace Unknown  16. (City, town, or county)  17. Is Birthplace Unknown  18. (City, town, or county)  19. (City, town, or county)  10. Usual occupation  11. Industry or business  12. Name Unknown  13. Birthplace Unknown  14. Maiden name Unknown  15. Birthplace Unknown  16. (a) Informant Unknown  17. (city, town, or county)  18. (a) Informant (von, or county)  19. (b) Address Rayville, Mo  (city, town, or county)  (city town, or cou	¥	l	
7. Birth date of deceased Aug. 5. 1870 (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day 77 10 20 hr. min.  9. Birthplace Unknown (City, town, or county)  11. Industry or business  12. Name Unknown (City, town, or county)  13. Birthplace Unknown (City, town, or county)  14. Maiden name Unknown (City, town, or county)  15. Birthplace Unknown (City, town, or county)  16. (a) Informant And Aug. (City, town, or county)  17. (a) Rurial (Burial, creation, or removal)  (b) Address Rayville, Mo.  (c) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral director Augustus Manched Holling (County) (County)  (b) Address Richmond, Mo.  (c) Month (Day) (Veri)  (c) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral director Augustus Manched Holling (County) (Specify type of place)  (b) Address Richmond, Mo.  (c) Month (Day) (Veri)  (d) Did injury occur in or about home, on farm, in industrial place, in public powers of the county of the cou		17 Jan 18 4 18 18 18 18 18 18 18 18 18 18 18 18 18	Duration
10. Usual occupation Hatira Farmer  11. Industry or business  12. Name Unknown  13. Birthplace Unknown  14. Maiden name Unknown  15. Birthplace Unknown  16. (a) Informant (City, town, or county)  17. (a) Revision Revision, or removal)  18. (a) Signature of funeral director Money (Boarden Cemetery  19. (a) Address Richmond, Money Garden Cemetery  19. (a) Suppose of funeral director of the finance of the first of the fi	Ö	Asse F 3970	Rhumatoid arthuris 2003
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Major hadings: Of operations			(Include pregnancy within 3 months of death)
12. Name   Unknown   Unk	<b>5</b>	La.	Major findings:
(c) Address  17. (a) Rurial (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral directory (Specify type of place)  (b) Address Richmond, Mo.  19. (a) Surial 7-1948 (b) Male Lackson  (Hegistry's signature) 9 17 5) Address Multiple (Hegistry's signature) 9	- <del>,</del>		Of operations. Underline
(c) Address  17. (a) Rurial (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral directory (Specify type of place)  (b) Address Richmond, Mo.  19. (a) Surial 7-1948 (b) Male Lackson  (Hegistry's signature) 9 17 5) Address Multiple (Hegistry's signature) 9	Z	13 Birthplace	the cause to which death
(c) Address  17. (a) Rurial (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral directory (Specify type of place)  (b) Address Richmond, Mo.  19. (a) Surial 7-1948 (b) Male Lackson  (Hegistry's signature) 9 17 5) Address Multiple (Hegistry's signature) 9	3		It icharged sta-
(c) Address  17. (a) Rurial (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral directory (Specify type of place)  (b) Address Richmond, Mo.  19. (a) Surial 7-1948 (b) Male Lackson  (Hegistry's signature) 9 17 5) Address Multiple (Hegistry's signature) 9	a l	15. Birthplace	
(c) Address  17. (a) Rurial (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral directory (Specify type of place)  (b) Address Richmond, Mo.  19. (a) Surial 7-1948 (b) Male Lackson  (Hegistry's signature) 9 17 5) Address Multiple (Hegistry's signature) 9	≝		II
17. (a) Rurial (b) Date thereof July 6. 1018 (c) Where did Injury occur? (City or town) (County) (State (Burial, cremation, or removal)  (b) Place: burial or cremation. New Garden Cemetery  (c) Place: burial or cremation. New Garden Cemetery  (b) Address Richmond, Mo.  (c) Where did Injury occur? (City or town) (County) (State work) (d) Did injury occur in or about home, on farm, in industrial place, in public processing the state of public processing the public processing the state of publi	A B	Deserting 16	(b) Date of occurrence
(c) Place: burial or cremation. New Garden Cemetery  18. (a) Signature of funeral director Month, Mo.  (b) Address Richmond, Mo.  19. (a) May 7-1948(b) Male Leekson  (hegistry's signature) 9772  (hegistry's signature) Address Month Month Month Month Male Leekson  (hegistry's signature) Address Multiple Month Mo		17 (a) Burrial (b) Date thereof July 6-1918	(c) Where did injury occur? (Clay or town) (County) (State)
18. (a) Signature of funeral director formulas formulas formulas works (Specify type of place) (b) Address Richmond, Mo.  19. (a) Signature of funeral director formulas formu	<b>)</b>	(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
18. (a) Signature of funeral director of the state of the signature of funeral director of the signature of funeral director of the signature of funeral director of the signature of the signatu		(c) Trace: Unital Of Crembon	(Specify type of place)
19. (a) July 7-1948 (b) Male Jackson 23. Signature 4 M. D. or other).  (Hate received local registrar) (Hegistry's algosture) 9 17 2) Address & Lulsev & Mineral Date signed 7	•	I — 1-m0110 a MO a	While at work) Means of injury
(Pate received local registrar) (Hegistry's algusture) 9) 6-7-27 [ Address 1	•	1 11 11 11 11 11 11 11 11 11 11 11 11 1	23. Signature July M.D. or other) M.D.
		(Plate received local registrar) (Registrat's signature)	7747
(Licensed Embalmer's Statement on Reverse Side)		(Licensed Embalmer's St	tatement on Reverse Side)

REÇEIVED						
District Health Officer No.	8					
Date Filed 7-13-48						
Data Filed 1-13-47						

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re-	verse side of this certificate was embalmed by me, ###
	, Registered Apprentice No
working under my personal supervision.	Signed Signed

Licensed Embalmer No. 2073

If this body is not embalmed, fact should be so stated above.