

FILED JUN 20 1946

Registration District No. _____

Primary Registration District No. **6022**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rural, Richmond Twn.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 miles North Richmond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **80 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Wesley (n) Johnson**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Carie Baker**
6. (c) Age of husband or wife if alive **72 yrs** years

7. Birth date of deceased **January 27, 1862**
(Month) (Day) (Year)

8. AGE: Years **84** Months **4** Days **2**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Philander Johnson**

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

14. Maiden name **Elizabeth Martin**

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

16. (a) Informant **Mrs. Carie Johnson**

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

17. (a) **Burial** (b) Date thereof **6/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dockery Cemetery**

18. (a) Signature of funeral director **Quest-Life Funeral Home**
(b) Address **Richmond, Missouri**

19. (a) **June 6-46** (b) **Wesley Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **8 miles north Richmond**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1946** hour **2** minute **25** P: M.

21. I hereby certify that I attended the deceased from **5-15-46**, 19____, to **5-29-46**, 19____;
that I last saw him alive on **5-26-46**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Face**
Duration **2 yrs**

Due to _____

Due to _____

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

Major findings: **53**
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 **Wesley Johnson** (M. D. or D.O.)
Address **Richmond, Mo.** Date signed **6-5-46**

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

20001

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 6-15-46

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 George H. Hill

Licensed Embalmer No. 4069

P. O. Address Madison, Wis.

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.