

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38707

FILED DEC 1 1943

Registration District No. 2944

Primary Registration District No. 5778

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural
(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 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ferdinand Crellender Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male
5. Color or race H

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Mar 14 1866
(Month) (Day) (Year)

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

9. Birthplace Moniteau (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Frank M. Johnson

13. Birthplace Moniteau (City, town, or county) MO (State or foreign country)

14. Maiden name Jane Huff

15. Birthplace Moniteau (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs F C Johnson

(b) Address Engle MO

17. (a) Burial (b) Date thereof 11/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Calvin A. Wright

(b) Address MO

19. (a) 11-18-43 (b) Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1943 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 4 to November 14 1943
that I last saw him alive on 11-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis + embolism
Rheumatic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 M. E. Humphrey (M.D. or other)
Address Jackson, Mo. Date signed 11-14-43

879. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Miller County Health Dep't.

County File Number 43-~~260~~199

Date Filed 12-11-43

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

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California 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.