

Johnson, Joe Lee 1864 - 1944



Georgetown Times – June 14, 1944

Mr. Joe Lee Johnson passed away at his home in Georgetown, May 29, after a long illness. Mr. Johnson lived most of his life at Finnell and leaves many friends here who are sorry to hear of his death and extend deepest sympathy to his family. Funeral services were held at Ashurst's funeral home Thursday afternoon. Burial in Georgetown cemetery.

Johnson, Joe Lee 1864 - 1944

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State File No. 12763
 Registrar's No. 60

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1330 Primary Registration District No. 2515

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Georgetown
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Scott (b) County Ky

(c) City or town Georgetown
(If outside city or town limits, write RURAL)

(d) Street No. W. Main
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Joe Lee Johnson

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex M 5. Color, age, race Wh 6(a) Single, widowed, divorced, Married

6(b) Name of husband or wife Martha W Mullen Johnson

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased July 4 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 26 If less than one day hr. _____ min.

9. Birthplace Scott Co; Ky

10. Usual occupation Retired farmer

11. Industry or business _____

FATHER { 12. Name Larkin Johnson
 13. Birthplace Scott Co; Ky

MOTHER { 14. Maiden name Melvia Moody
 15. Birthplace Scott Co; Ky

16(a) Informant's own signature Paula Cullen
 (b) Address Georgetown, Ky

17. BURIAL, CREMATION, OR REMOVAL
 Place Geo. Cemetery Date June 1 1944

18(a) Signature of funeral director Robert W. Hester
 (b) Address Geo. Ky

19(a) 6-2-44 (Date received by local registrar) (b) Betty Marshall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1944

21. I hereby certify that I attended the deceased from Jan 1 1944 to May 30 1944 that I last saw him alive on May 30 1944 and that death occurred on the date stated above at 3:35 PM

Immediate cause of death Cerebral Hemorrhage DURATION 5 mo

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 83A-97
 Of autopsy no

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? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____
 Signature W. S. Alford, M.D. (M. D. or other)
 Address Georgetown Date typed 5-31-44