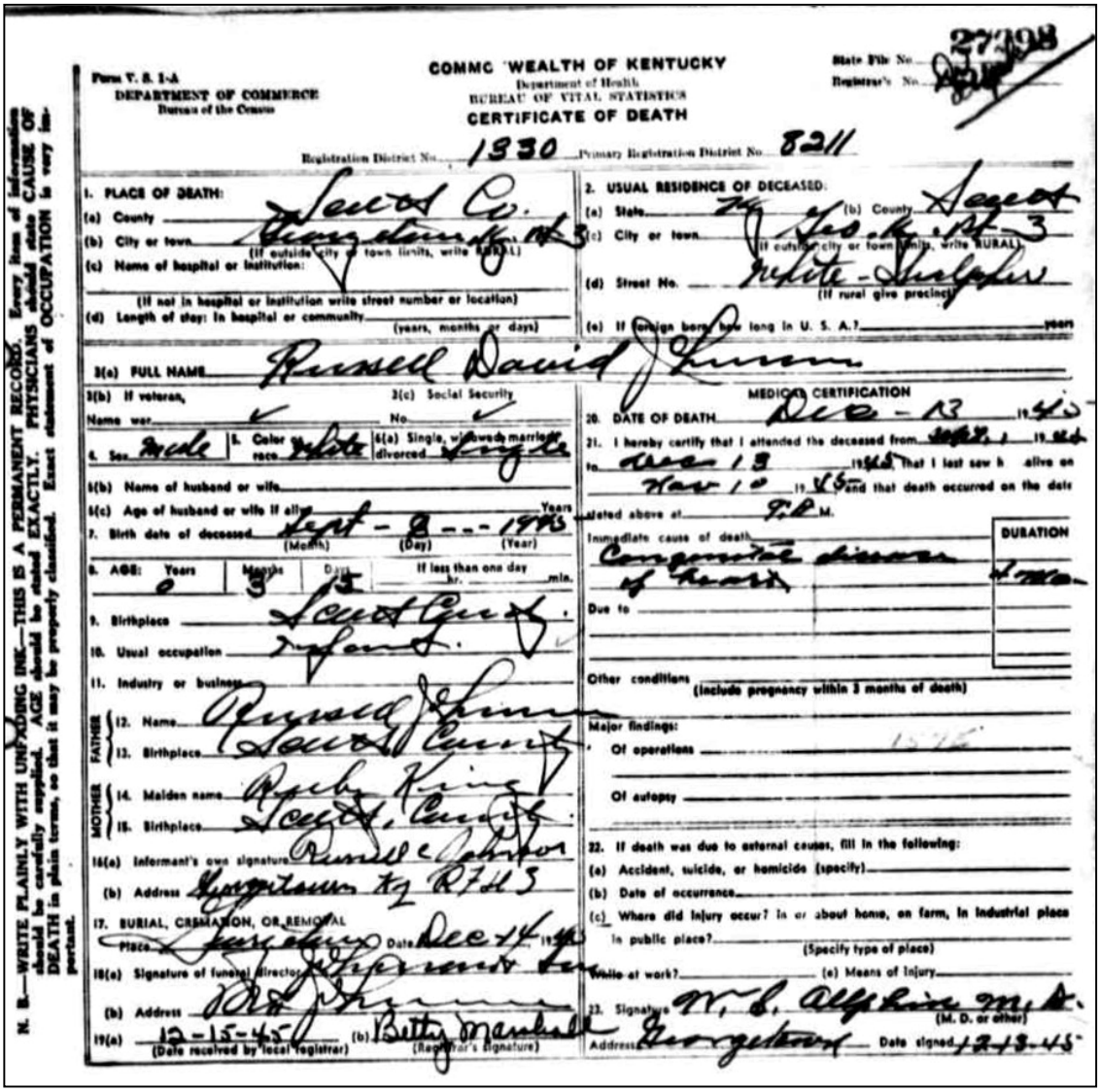
Johnson, Russell David 1945 - 1945

Georgetown News – December 21, 1945

JOHNSON BABY DIES AT HOME ON ROUTE 3

Funeral services and burial for Russell David Johnson, three-month-old son of Mr. and Mrs. Russell Johnson, of Route 3, Georgetown, who died December 13 at his home, were held Friday in the Georgetown cemetery.

Besides his parents, he is survived by one sister, Glenna Sue Johnson; three brothers, Otis Gayle, George Lee and Virdie Woodrow Johnson; his maternal grandparents, Mr. and Mrs. George King, and his paternal grandmother, Mrs. Joe Lee Johnson, all of this county.



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

State File No. 27198
Registrar's No. 8211

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1930 Primary Registration District No. 8211

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.

1. PLACE OF DEATH:
(a) County Scott Co.
(b) City or town Georgetown Ky R# 3 (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 Ky (b) County Scott
(c) City or town Geo. Ky. Rt. 3 (If outside city or town limits, write RURAL)
(d) Street No. White-Sulphur (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Russell David Johnson
3(b) If veteran, Name war ✓
3(c) Social Security No. ✓
4. Sex Male | 5. Color or race White | 6(a) Single, widowed, married, divorced Single
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Sept (Month) - 2 (Day) - 1945 (Year)
8. AGE: Years 0 | Months 3 | Days 15 | If less than one day hr. min.
9. Birthplace Scott Co Ky
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Raymond Johnson
13. Birthplace Scott Co Ky
MOTHER 14. Maiden name Ruby King
15. Birthplace Scott Co. Ky.
16(a) Informant's own signature Russell Johnson
(b) Address Georgetown Ky R#3
17. BURIAL, CREMATION, OR REMOVAL
Place Lexington Cem. Date Dec 14 1945
18(a) Signature of funeral director Lexington Funeral Home
(b) Address
19(a) 12-15-45 (Date received by local registrar) (b) Betty Marshall (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Dec - 13 1945
21. I hereby certify that I attended the deceased from Nov 1 1945 to Dec 13 1945 that I last saw h alive on Nov 10 1945 and that death occurred on the date stated above at 9 P.M.
Immediate cause of death Congenital disease of heart — DURATION 1 Mo.
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? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. S. Allphin M.D. (M. D. or other)
Address Georgetown Date signed 12-13-45