

Johnson, Sonja Sue 1945 - 1945

Georgetown News – July 6, 1945

### INFANT DIES

Services for Sonja Sue Johnson, infant daughter of Seaman 2/c Buford Clay Johnson and Mrs. Johnson, who died at noon Sunday at the John Graves Ford Memorial hospital, were conducted Monday afternoon, at Johnson's funeral home by Rev. Ellis Ham. Burial was in the Georgetown cemetery.

Besides the parents, the child is survived by one brother, Jerry Lee Johnson; her paternal grandmother, Mrs. Joe Lee Johnson, Georgetown, and her maternal grandparents, Mr. and Mrs. Sterling Giles, Harrison county. The father is home on leave from Camp Perry, Va.



Johnson, Sonja Sue 1945 - 1945

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

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

State File No. **15847**  
Registrar's No. **65**

Registration District No. **1330** Primary Registration District No. **2515**

1. PLACE OF DEATH:  
(a) County **Scott**  
(b) City or town **Frankfort**  
(c) Name of hospital or institution: **John Brown Hospital**  
(d) Length of stay: In hospital or community (years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Ky** (b) County **Scott**  
(c) City or town (If outside city or town limits, write RURAL)  
(d) Street No. (If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME **Sonja Sue Johnson**  
3(b) If veteran, Name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **Female** Color **White** 4(a) Single, widowed, married, divorced **Infant**

5. DATE OF DEATH **July - 1 - 1945**  
21. I hereby certify that I attended on deceased from **7-1** 19**45** to **7-1** 19**45**, that I last saw deceased on **7-1** 19**45**, and that death occurred on the date stated above at **11:45 P. M.**

6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased **July - 1 - (194)**  
(Month) (Day) (Year)

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

9. Birthplace **Scott Co.**  
10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

FATHER: 12. Name **Mr. Buford Johnson**  
12. Birthplace **Scott County**

MOTHER: 14. Maiden name **Cybil W. Clay Shiles**  
15. Birthplace **Harrison, Co.**

16(a) Informant's own signature **Buford Clay Johnson**  
(b) Address **Cynthiana**

17. BURIAL, CREMATION, OR REMOVAL  
Place **Frankfort** Date **July 2, 1945**

18(a) Signature of funeral director **John Brown**  
(b) Address **Frankfort, Ky**

19(a) **7-12-45** (Date received by local registrar) (b) **Betty Matshall** (Registrar's Signature)

MEDICAL CERTIFICATION  
Immediate cause of death **Brainstem hemorrhage**  
**7th month**  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **159**  
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? Is or about home, on farm, in industrial place in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature **M. S. Campbell M. D.** (M. D. or other)  
**George L. ...** Date signed **7-3-45**

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.

Last printed 9/14/2010 7:02 PM