

Frederick Johnson – Charter Member of Post 125

Frederick Johnson, a Charter member of post 125, was born 16 October 1892 and passed away 2 October 1959 due to injuries in a car wreck. He served in the army from 1 August 1918 - 8 July 1919.



* * *

Killed yesterday in a one-car accident on Route 71, about three miles north of Platte City, was Fred Johnson, 66, 524 North Weaver. Johnson, who died of a skull fracture, was a passenger in a car driven by Mrs. Geneva Alexander, 38, also of Springfield. She told toopers she was headed north and passing two cars when she lost control on the wet pavement.

The vehicle crashed through a fence and overturned in a field. Mrs. Alexander was taken to Cushing Hospital at Leavenworth, Kan., for treatment of minor cuts and bruises. She and Johnson were enroute to St. Joseph to visit her brother, James S. Jones, Mrs. Alexander said.

Johnson, a World War I veteran who lost an arm in an accident several years ago, is survived by his wife, Hattie; three sisters, Miss Almeda Johnson, Mrs. Chloe Boyd and Mrs. Flora Wesley; and two brothers, John and Harry, all of Springfield.

Funeral arrangements are under direction of Herbert V. Smith.

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037164

FILED VS OCT 19 1959

Registration District No. 280 Primary Registration District No. Registrars No. 66.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FAIR TOWNSHIP</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>THREE MILES NORTH OF</u> INSTITUTION <u>PLATTE CITY MO ON 71 HIGHWAY</u>		d. STREET ADDRESS (If outside, give location) <u>524 NORTH WEAVER</u>	
3. NAME OF DECEASED (Type or print) First <u>FREDRICK</u> Middle <u>WALTER</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>2</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 16, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISABLED VETERAN</u>		9. AGE (last birthday) <u>66</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>SPRINGFIELD, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WREN JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE JOHNSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>MRS HATTIE JOHNSON</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SKULL FRACTURE</u> DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	
20f. CITY, TOWN, OR LOCATION <u>Hwy. 71</u>		COUNTY <u>PLATTE</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>APPROX. 5 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Roland M. Giffie, Coroner</u>		22b. ADDRESS <u>Platte City, Mo.</u>	
22c. DATE SIGNED <u>10-2-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>OCT. 3, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		23d. LOCATION (city, town, or county) (State) <u>SPRINGFIELD, Mo.</u>	
24. FUNERAL DIRECTOR <u>H. V. SMITH</u>		25. DATE RECD. BY LOCAL REG. <u>10-3-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Form 1 **2862** REGISTRATION CARD No. **230**

1 Name in full: **Frederick Johnson** Age, in yrs. **24**

2 Home address: **1009 Miner St. Springfield Mo.**

3 Date of birth: **Oct 16 1892**

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? **Natural-born**

5 Where were you born? **Fair Grove Mo. U.S.A.**

6 If not a citizen, of what country are you a citizen or subject? **Citizen**

7 What is your present trade, occupation, or office? **Shaffer 29**

8 By whom employed? **E. L. Sanford**

Where employed? **Springfield Mo.**

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? **Mother**

10 Married or single (which)? **Single** Race (specify which) **African**

11 What military service have you had? Rank **none**; branch **—**; years **—**; Nation or State **—**

12 Do you claim exemption from draft (specify grounds)? **yes, Mother's support**

I affirm that I have verified above answers and that they are true.

Frederick Johnson
(Signature or mark)

24-5-34 A
REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? **Medium** Slender, medium, or stout (which)? **Medium**

2 Color of eyes? **Brown** Color of hair? **Black** Bald? **no**

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? **no**

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

B. R. Sletten
(Signature of Registrar)

Precinct **1st. of 1st.**

City or County **Springfield Mo.**

State **Mo.** Date of registration **June 5-1917**

2 REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER	1. NAME (Print)	ORDER NUMBER
U 2698	Frederick Johnson (First) (Middle) (Last)	
2 PLACE OF RESIDENCE (Print)		
642 N. Weaver Springfield Greene Mo (Number and street) (Town, township, village, or city) (County) (State)		
[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]		
3. MAILING ADDRESS		
same (Mailing address if other than place indicated on line 2. If same insert word same)		
4. TELEPHONE	5. AGE IN YEARS	6. PLACE OF BIRTH
	49 DATE OF BIRTH	Springfield, Mo (Town or county)
	Oct 16 1892 (Mo.) (Day) (Yr.)	Missouri (State or country)
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS		
Hattie Johnson 642 N. Weaver Springfield, Mo		
8. EMPLOYER'S NAME AND ADDRESS		
not employed		
9. PLACE OF EMPLOYMENT OR BUSINESS		
(Number and street or R. F. D. number) (Town) (County) (State)		
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.		

D. S. S. Form 1 (Revised 4-1-42) (over)

16-21630-2 **X Frederick Johnson**
(Registrant's signature)
Mark Marie Hanson

Frederick Johnson

in the U.S., Veterans' Gravesites, ca.1775-2019



 [Add or update information](#)

 [Report a problem](#)

Name:	Frederick Johnson
Death Age:	66
Birth Date:	16 Oct 1892
Service Start Date:	1 Aug 1918
Service End Date:	8 Jul 1919
Death Date:	2 Oct 1959
Internment Date:	7 Oct 1959
Internment Place:	Missouri, USA
Cemetery Address:	1702 East Seminole Street Springfield, MO 65804
Cemetery:	Springfield National Cemetery
Plot:	Section 29 Site 199
Notes:	Pvt Us Army World War I