

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32622

Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No. 791

(b) Township.....

Primary Registration District No. 1003

(c) City.....

(d) Street No. City Hospital No. 1

Registered No. 8676

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 7688

2. PRINT FULL NAME:

James Johnson

(a) Residence, No. 4015 Olive

St. 19

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
male4. COLOR OR RACE
white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Widowed-Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 29, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

79

11

16

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

nil

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee

13. NAME Churchill Johnson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME Nancy Braden

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park

DATE Sept. 17

1937

19. FUNERAL DIRECTOR Robert J. Ambruster

(ADDRESS) Clayton Road at Concordia Lane

20. FILE

SEP 16 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/37 19

22. I HEREBY CERTIFY, That I attended deceased from
8/29/37 19 to 9/25/37 19

I last saw him alive on 9/15/37 19. Death is said

to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis
Alcoholic psychosis
Fibrosis of myocardium

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *Charles M. Jessier* M. D.

(Address) City Hospital No. 1

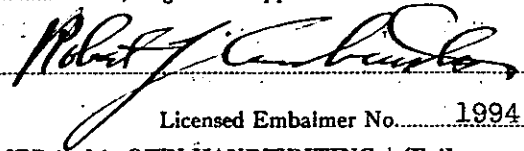
(Licensed Embalmer's Statement on Reverse Side)

N.B.—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.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst
L. E.
No. 2502 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed


Licensed Embalmer No. 1994

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.)