REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19046
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON — Registration District No. 609
(b) Township W. BENTON — Primary Registration District No. 5809 — Registered No. 60
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME DERWOOD JOHNSON 525
(a) Residence, No. GILLHAM, ARKANSAS St. ☐
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. EMPLOYEE
9. Industry or business in which work was done, as saw mill, bank, etc. ARKANSAS STATE HIGHWAY DEP'T
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) Gillham Arkansas 1

FATHER
13. NAME W. S. Johnson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Missouri 1

MOTHER
15. MAIDEN NAME Jennie Turrentine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Point Arkansas

17. INFORMANT (ADDRESS) T. O. Baker Fort Smith, Arkansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE GILLHAM, ARK DATE MAY 23, 1938

19. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY NEOSHO, MO

20. FILED 5-23, 1938 Onal G. Sale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Broken Hip (Right) 210	
Passenger in car	

Other contributory causes of importance:
Car went into ditch - Did not collide with another car

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury ....., 19.....
Where did injury occur? 8 MI. SOUTH OF NEOSHO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
ON HIGHWAY 71
Manner of injury AUTO ACCIDENT
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carley Thompson Coroner, M.D.
543 (Address) Neosho Mo.

(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, J. E. Bingham Licensed Embalmer No. 7689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. E. Bingham

L. E.

No. 7689 or by , Registered Apprentice No.

working under my personal supervision.

Signed J. E. Bingham

Licensed Embalmer No. 7689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)