

DEC'D JUL 14 1938

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

22825

Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township Bennelton Primary Registration District No. 6023
(c) City Ove Run (d) Street No. _____ Registered No. 81
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 John Henry Johnson 525
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Weiss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) 7 years
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Roads, St. Francois, Mo.

FATHER
13. NAME Samuel Johnson

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

MOTHER
15. MAIDEN NAME Catherine Sucker

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

17. INFORMANT (ADDRESS) Mrs Johnson Wife Ove Run mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ove Run, Mo. DATE July 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Harrington Hld. Co. Harrington Mo

20. FILED July 1, 1938 J. F. Robinson Local Registrar. 699 (Address) Harrington, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938

I HEREBY CERTIFY That I attended deceased from June 27, 1938 to June 29, 1938
I last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at _____ m.

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

myocarditis, and acute nephritis
124 W

Date of onset

with

Other contributory cause of importance: alcoholic cirrhosis of liver.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____ (Signed) L. M. Starfield M. D.
Harrington, Mo

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

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.)