

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

23176  
Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH 3

(a) County Vernon Registration District No. 875

(b) Township Washington Primary Registration District No. 6162 Registered No. 144

(c) City Newada (d) Street No. State Hospital #3 St. St. Louis, Mo.  
(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.  
8 4 20 525

2. PRINT FULL NAME George Johnson

(a) Residence, No. St. Louis Sanitarium St.  St. Louis, Mo.  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1873

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>64</u>	<u>64</u>	<u>5</u>	<u>15</u>

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

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) about 1930 11. Total time (years) spent in this occupation ?

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1938

22. I HEREBY CERTIFY That I attended deceased from Mar. 1, 1938, to June 10, 1938

I last saw him alive on June 10, 1938 Death is said to have occurred on the date stated above, at 6:00 pm

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

Acute Myocardial failure Date of onset 6-10-38

124 lbs

Other contributory causes of importance:

Arterial hypertension (hypertension) ?

Anasarca 6-1-38

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? Yes  
If so, specify .....  
(Signed) Pris. Shelton M. D.  
(Address) State Hosp, Nevada, Mo. 795

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME ?

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

MOTHER

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Hospital History State Hosp #3 Newada

18. BURIAL, CREMATION, OR REMOVAL PLACE Newada Hosp, Omaha 6-13-38

19. FUNERAL DIRECTOR (ADDRESS) Frank J. Ferry, Nevada, Mo. Newada

20. FILED 6-11, 1938 Allen V. Hayes Local Registrar.

I X12004

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.

COPY TO BE MADE WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Lloyd R. Winscott, Licensed Embalmer No. 3857

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lloyd R. Winscott  
Licensed Embalmer No. \_\_\_\_\_

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.)