

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.

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

24855
 Do not use this space.

REC'D AUG 11 1938

1. PLACE OF DEATH *Butler* 2
 (a) County *Butler* 1 Registration District No. *89*
 (b) Township *Poplar Bluff* Primary Registration District No. *3007* Registered No. *131*
 (c) City *Poplar Bluff* (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 *Clarence Harvey Johnson*
 (a) Residence, No. _____ 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 *male* 4. COLOR OR RACE *white* 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) *Oct. 22-1919*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 4 day, hrs. or min.
	<i>18</i>	<i>8</i>	<i>28</i>	

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

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) *Deering mo.*

FATHER 13. NAME *C. E. Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Whitten Tenn.*

MOTHER 15. MAIDEN NAME *Hilois Cross*

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

17. INFORMANT *C. E. Johnson*
 (ADDRESS) *Malden mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Malden mo.* DATE *7-12*, 19*38*

19. FUNERAL DIRECTOR *W. L. Corais*
 (ADDRESS) *Malden mo.*

20. FILED *7-11-1938* *Obstetrical*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/10*, 19*38*

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 _____ m.
 The principal cause of death and related causes of importance were as follows:
Fracture skull
Disin
 Date of onset _____

Other contributory causes of importance:
internal injuries

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? *accident* Date of injury *July 10, 1938*
 Where did injury occur? *near Frisby road*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *Public highway*

Manner of injury *automobile accident*
 Nature of injury *fracture skull internal injuries*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *no*
 (Signed) *W. L. Corais* M. D.
 (Address) *Poplar Bluff mo.*

210 m
9/10

Department of Health
Division of Health Services
Bureau of Health Statistics
100 North Dearborn Street
Chicago, Illinois 60610
Tel: (312) 463-5000
Fax: (312) 463-5001
www.dhs.state.il.us

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Primary Registration District No. 3007 Registered No. 131
(c) City (d) Street No.
(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

Clarence Harvey Johnson
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 8 28

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/11-38 19 Green W Green Local Registrar.

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I last saw h..... alive on 19..... 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:

Fracture skull Date of onset

Other contributory causes of importance:

Internal injuries
Blow out casing
Car went in ditch
remover

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? 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 Automobile accident
Nature of injury

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

If so, specify

(Signed) Green W Green M. D.

(Address) Paplar Bluff mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

