

REC'D OCT 21 1938

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

32539
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3993
(c) City Warrensburg (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

Nannie Johnson 525
(a) Residence, No. 113 E. Market 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. H. Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 23 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
79 11 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Reedville (STATE OR COUNTRY) N. C.

13. NAME Martin Clemmons

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

15. MAIDEN NAME Martha Pearson

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

17. INFORMANT Mabel Johnson (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobloch DATE Oct - 7 - 1938

19. FUNERAL DIRECTOR (NAME) Sweeney - Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Oct 7, 1938 Ebra Pentry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 5 - 193822. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Oct 5, 1938I last saw him alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 3:00 P. M.

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

chronic myocarditisDate of onset July 25Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? Ultrasound 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? _____

If so, specify _____

(Signed) E. P. Luman M. D.(Address) Warrensburg, Mo.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/21/28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed S. P. Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.)

If this body is not embalmed, above space should be left blank.