

NOV 22 1938

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

36549  
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689  
 (b) Township Buffalo Primary Registration District No. 3033  
 (c) City Jennett Mo (d) Street No. 210 N 11th Registered No. \_\_\_\_\_  
 (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 Merritte Scott Johnson

(a) Residence, No. 210 N 11th 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1850

7. AGE YEARS 88 MONTHS 9 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PLATTE COUNTY MO

FATHER 13. NAME Merritte Scott Johnson

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

MOTHER 15. MAIDEN NAME Emily TOLES WILHOITE

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

17. INFORMANT (ADDRESS) Ray Johnson Jennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Enid Okla DATE 11/3 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Miller Jennett Mo

20. FILED 10/31 19 38 J. H. Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1938

22. I HEREBY CERTIFY, That I attended deceased from Mon, 1938, to Oct 31, 1938.

I last saw him alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 125A m.

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

Arterio Sclerosis several years

Other contributory causes of importance: Senility

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) J. H. Miller, M. D.

(Address) Jennett Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-6-33

Date filed 11-4-38

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**