

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REVISED JAN 18 1939

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

43584  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Lafayette Registration District No. 46c  
 (b) Township DAVIS Primary Registration District No. 4274  
 (c) City Higginsville, Mo. (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**

525 Joseph Johnson  
 (a) Residence, No. Higginsville, Mo. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857  
 7. AGE YEARS 81 MONTHS -- DAYS -- If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1938 to 12-18, 1938  
 I last saw him alive on 12-16, 1938. Death is said to have occurred on the date stated above, at 2 P m.  
 The principal cause of death and related causes of importance were as follows:  
Influenzal Pneumonia  
Aspirational pneumonia  
Emphysema  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 11/2  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) George W. Hader, M. D.  
 (Address) Higginsville, Mo.

12. BIRTHPLACE (CITY OR TOWN) Rawles County, Mo.  
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Mo

17. INFORMANT E. V. Phillips  
 (ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Higginsville DATE 12/20/38, 19\_\_\_\_

19. FUNERAL DIRECTOR (NAME) A. H. Hader  
 (ADDRESS) Higginsville, Mo.

20. FILED Jan 2, 1939 Tiffany Webb  
 Local Registrar. 412

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/4/39

**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. 3736 .....

P. O. Address Higginville, Mo. ....

**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.**