

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.

Lee Megee

FEB 9 1939

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

1584
Do not use this space.

1. PLACE OF DEATH *Boone*

(a) County *Boone* Registration District No. *764044*

(b) Township *Boone* Primary Registration District No. *511015*

(c) City *Hartsburg* (d) Street No. *Hartsburg mo* Registered No. *3*

(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 *Henry W. Johnson*

(a) Residence, No. *Hartsburg mo* St. (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*) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 18 1859*

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

79 8 6

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. *farmer*

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) *Warrenton mo*

FATHER 13. NAME *Thomas Johnson*

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

MOTHER 15. MAIDEN NAME *Martha Pool*

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

17. INFORMANT (ADDRESS) *Ernest Johnson Hartsburg, mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Pleasant* DATE *Jan 26, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Buerghy Funeral Home Jefferson City mo*

20. FILED *218* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-24-39*

22. I HEREBY CERTIFY, That I attended deceased from *1-3-39*, to *1-24-39*, 19*39*

I last saw him alive on *1-23-39*, 19*39*. Death is said to have occurred on the date stated above, at *5 A.M.*

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

Pneumonia

Siber

Other contributory causes of importance: *Influenza*

Date of onset

Name of operation *Syphilis* Date of *11/11*

What test confirmed diagnosis *Syphilis* 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*39*

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*, specify *no*

(Signed) *L. P. Megee*, M. D.

(Address) *Hartsburg mo*

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,

Victor Buescher

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Victor Buescher

Licensed Embalmer No. *3701*

P. O. Address *J.E. 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.