

REC'D FEB 6 1939

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

2264
Do not use this space.

1. PLACE OF DEATH

(a) County Yentury Registration District No. 312
 (b) Township Jackson Primary Registration District No. 5431A Registered No. _____
 (c) City King City, Mo. (d) Street 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 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 523 Lillie Jane Johnson St. King City, Mo. (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 J. 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 Henry O. Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1860
 7. AGE YEARS 73 MONTHS 3 DAYS 19 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Jan 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Union Star Mo.

FATHER 13. NAME E. J. Storves
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York

MOTHER 15. MAIDEN NAME Mary Myrick

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

17. INFORMANT (ADDRESS) Albert G. Johnson King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City, Mo. DATE Jan 15, 1939

19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City, Mo.

20. FILED 1-14-39 Donald W. Saus Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19-39, 1939, to 1-19-39, 1939
 I last saw her alive on 12/30, 1939 Death is said to have occurred on the date stated above, at 6 a m.

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

apophy

Date of onset 1-19-39

Other contributory causes of importance:

Arterio Sclerosis

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) D. S. Black, M. D.
 (Address) King City, 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.

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson....., Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

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

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

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.)