

REC'D FEB 23 1939

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

2726

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Union Primary Registration District No. 5565 Registered No. 17  
(c) City R. 3, Carthage, 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

Charles Grant Johnson  
(a) Residence, No. Carthage, Route #3 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Horn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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) Jasper County 0  
(STATE OR COUNTRY) Missouri 1

13. NAME Whiley B. Johnson 1

14. BIRTHPLACE (CITY OR TOWN) Arkansas 1  
(STATE OR COUNTRY)

15. MAIDEN NAME Martha West

16. BIRTHPLACE (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)

17. INFORMANT Mrs. C. G. Johnson  
(ADDRESS) Carthage, Route #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Dudman Cemetery DATE 1-31-39 19

19. FUNERAL DIRECTOR Ulmer Funeral Home  
(ADDRESS) Carthage, Mo.

20. FILED Jan 31, 1939 E. J. McIntire, M.D.  
Local Registrar. 765

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28-39 19  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to Jan. 28, 1939  
I last saw h. i. m. alive on Jan. 5, 1939. Death is said to have occurred on the date stated above, at 5:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Acute Dilatation of heart  
22  
Other contributory causes of importance:  
Chronic I. B. of lungs.

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 \_\_\_\_\_  
X (Signed) E. J. McIntire, M. D.  
(Address) 110 E. 4<sup>th</sup> St. Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-394

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2222

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.)