REG'D FEB 24 1939

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

2992
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 2
(b) Township 1
(c) City Macon 1
Registration District No. 533
Primary Registration District No. 3027
Registered No. 5
(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 Robt Johnson
(a) Residence, No. 525 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3-1884

7. AGE: Years 54 | Months 8 | Days 21 | 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME Geo Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs Robt Johnson (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Nov 26 1938

19. FUNERAL DIRECTOR (NAME) Albert Skinner (ADDRESS) Macon Mo

20. FILED 2/1 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/6/38, 19..., to 11/26/38, 19...
I last saw him alive on 11/24, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	few yrs.
54	
Other contributory causes of importance: Gangrene of right foot	2 mos.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? None 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...
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) Howard Miller, M. D.
(Address) Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

JAN 13 1942

RECEIVED
District Health Officer No. 10
District File Number 10-39-116
Date Filed FEB 8 1939

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, 751

....., or by .....

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

Signed albert Skinner

Licensed Embalmer No. 751

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.