

REC'D FEB 28 1939

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

4148
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 862
(b) Township Burdine Primary Registration District No. 6135- Registered No. 88
(c) City (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 Virginia Lee Johnson

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl
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) Texas co. Mo.

13. NAME Fred Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas co. Mo.

15. MAIDEN NAME Francis Huffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas co. Mo.

17. INFORMANT (ADDRESS) Mrs. Fred Johnson Cabool Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Jan 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Giglar's U. S. Office Cabool Mo.

20. FILED Feb. 10 1939 Mrs. Clair Cunningham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:10 P.M.
The principal cause of death and related causes of importance were as follows:

Unavoidable, school bus accident? fell under bus breaking neck and striking head on pavement.

Date of onset

Other contributory causes of importance: 210 ft

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? accident Date of injury Jan 16, 1939
Where did injury occur? Texas co. mo. Highway 69.
(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) F. A. Huffman M.D.
(Address) Homeport

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 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..... *Fred W. List*

Licensed Embalmer No. *2252*

P. O. Address..... *Cuba St*

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

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