REC'D APR 24 1939

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

9910
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2 Registration District No. 26
(b) Township 1 Primary Registration District No. 3002 Registered No. 43
(c) City Mexico Mo (d) Street No. Auxvasse Mo R7D 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.

004 of 2

525

2. PRINT FULL NAME Joseph Arnold Johnson
(a) Residence, No. Auxvasse Mo R7D 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1919
7. AGE YEARS 19 MONTHS 3 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mercer Co. Mo.

FATHER
13. NAME Edward Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo.

MOTHER
15. MAIDEN NAME Elizebeth Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

17. INFORMANT (ADDRESS) Edward Johnson Auxvasse Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Auxvasse Mo DATE 3/22 1939
19. FUNERAL DIRECTOR (ADDRESS) Hughes Mauzin Auxvasse Mo.
20. FILED Mar 21 1939 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 20 - 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 .....m.
The principal cause of death and related causes of importance were as follows:

Coroners Cert.
Convulsions
Respiratory failure
115A

Date of onset

Other contributory causes of importance:
Convulsions developed during Tonsil operation

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) E M Marlow Coroner M.D.
23 (Address) Mexico Mo. 11

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-532
Date Filed APR 20 1939

STATEMENT BY LICENSED EMBALMER

I, Hughes Maupin, Licensed Embalmer No. 2358,
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 Hughes Maupin
Licensed Embalmer No. 2358

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.)