

REC'D APR 19 1939

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

11564
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 556

(b) Township Ravanna Primary Registration District No. 576 Registered No. 81

(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 John W. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1850

7. AGE YEARS 88 MONTHS 7 DAYS 6 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) Mo.

FATHER 13. NAME John M. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Parton 9

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

17. INFORMANT Fred Johnson
(ADDRESS) Newtalgus Mo.

18. BURIAL, CREMATION, OR REMOVAL bur.
PLACE Ravanna DATE Nov. 27, 1938

19. FUNERAL DIRECTOR (NAME) Macl Mass
(ADDRESS) Princeton, Mo.

20. FILED 3/27 1939 Jm Perry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1939 to 3/26 1939

I last saw him alive on 3/25 1939. Death is said to have occurred on the date stated above, at 9:00 AM

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

Other contributory causes of importance:
arteriosclerosis 1935
chronic myocarditis 1930

Name of operation Date of
What test confirmed as 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) W. W. Wise, D.O.
(Address) Harris, Missouri

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.

District File Number No. 11,
District File Number 39-260
Date Filed APR 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, Nael

Mass

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Nael Mass

Licensed Embalmer No. 2634

P. O. Address Princeton, N.J.

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.)

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