

APR 21 1939

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

12547
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard ² Registration District No. 834
 (b) Township New Boston ¹ Primary Registration District No. 60099
 (c) City Swanton 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

(a) Residence, No. 525 Johnnie Johnson 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 m 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) Nov. 25, 1923 ¹⁹²³

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Bloomfield, Mo. P.O.A. Missouri

FATHER 13. NAME G. B. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

MOTHER 15. MAIDEN NAME Daisy Williams

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

17. INFORMANT (ADDRESS) G. B. Johnson Swanton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem. DATE March 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford and Co. Bloomfield, Mo.

20. FILED 4/10 1939 D. B. McFee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Feb, 1939

I last saw him alive on 2/26/39, 1939. Death is said to have occurred on the date stated above, at 9 A.M.

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

Epileptic from birth
109
 Date of onset _____

Other contributory causes of importance:
① Lobar Pneumonia of about 4 days duration

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) D. B. McFee, M. D.

75% (Address) Swanton Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.