

1939 MAY 18 1939

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

14695
Do not use this space.

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township 1 Primary Registration District No. 3015
 (c) City Boonville (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 T. 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) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1864

7. AGE YEARS 74 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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. Day Laborer
 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) Lepus Mo. 0

FATHER
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 4/1

MOTHER
 15. MAIDEN NAME 11
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (NAME) (ADDRESS) Mrs Nancy Johnson
Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ropp Chapel DATE April 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Belle
Boonville Mo.

20. FILED 4-3 1939 D. Stanger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939 to April 3, 1939
 I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 9:50 A.M.
 The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis
 Date of onset about 1937

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. C. Fincher, M. D.
J. Boonville Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number *62139*
Date Filed

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 *J. H. Goodman*
Licensed Embalmer No. *1178*
P. O. Address *Reservoir, N.H.*

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.