

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.

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

14734
Do not use this space.

DEAD MAY 18 1939

1. PLACE OF DEATH

(a) County Daviess Registration District No. 255

(b) Township Winston Primary Registration District No. 4155 Registered No. _____

(c) City Monmouth (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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 520 Warron Johns

(a) Residence, No. Winston Mo. St. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

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) April 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosendale Mo

FATHER

13. NAME Andrew Johns

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

MOTHER

15. MAIDEN NAME Malolia Bradford

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

17. INFORMANT (ADDRESS) Florence Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston Mo. DATE APRIL 8, 1939

19. FUNERAL DIRECTOR (ADDRESS) Mrs. Kate Stroup

20. FILED April 6, 1939 R. H. Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from at 10:35 to April 6 1939

I last saw him alive on April 6 1939. Death is said to have occurred on the date stated above, at 9:25 a.m.

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

Heart Block
Coronary atherosclerosis

Date of onset _____

Other contributory causes of importance: 92C

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 directly related to occupation of deceased? _____

If so, specify Cardiac

(Signed) Cameron, M. D.

(Address) _____

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RECEIVED

District Health Officer No. 11,

District File Number 39-395

Date Filed MAY 2 1939

STATEMENT BY LICENSED EMBALMER

I, Virgil O. Sharp, Licensed Embalmer No. 4074

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MO

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Virgil O. Sharp

Licensed Embalmer No. 4074

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.)