

REC'D JUN 14 1939

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

20087  
Do not use this space.

1. PLACE OF DEATH
- (a) County Worth Registration District No. 903
- (b) Township Stitchell Primary Registration District No. 4545
- (c) City Grant City, Mo. (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 MARY L. 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Casper Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 29, 1862</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>lived with daughter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>daughter</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neosho</u>		
MOTHER	13. NAME <u>William Griffin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington</u>	
	15. MAIDEN NAME <u>Lavinia Parker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington</u>	
17. INFORMANT (ADDRESS) <u>Jessie Thomas</u> <u>Grant City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln Center</u> DATE <u>5/14</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Arch C. Duffee</u> <u>Grant City, Mo.</u>		
20. FILED <u>6-9</u> 19 <u>39</u> <u>Fred Miller</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to May 3 1939

I last saw him alive on May 3, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Coronary Thrombosis preceded by cerebral hemorrhage eleven years ago.

Date of onset \_\_\_\_\_

Other contributory causes of importance: 94 lb

Name of operation None 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? no 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) Fred Miller, M. D.

(Address) Grant City, Mo.

RECEIVED

District Health Office No. 11;

District File Number

39-691

Date Filed

JUN 13 1939

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**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.**