

REC'D JUL 15 1939

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

22830
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township Maryville Primary Registration District No. 2031
 (c) City Maryville (d) Street No. St. Francis Hospital Registered No. 86
 (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 Unnamed child Mr. and Mrs. Roy F. Johnson Jr. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 25 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
stillborn

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) Maryville, Mo.

FATHER 13. NAME Roy Franklin Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Mo

MOTHER 15. MAIDEN NAME Jean Meyers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Ia.

17. INFORMANT (ADDRESS) Roy F. Johnson, Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery June 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville, Mo.

20. FILED 6-29 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1st 1939, to June 25, 1939

I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Stillborn - 8 mo. due to Toxemia of mother

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? no 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 no, 1939

Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) L. E. Brown, M. D.
 (Address) Maryville 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.

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RECEIVED

District Health Officer No. 11,

District File Number

739-842

Date Filed

JUL 13 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, 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.