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.

REC'D AUG 14 1939

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

25639
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 578
(d) Street No. Springfield Baptist Hospital 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 525 Edward ALLAN Johnson
(a) Residence, No. St. Stockton Mo
(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: Male
4. COLOR OR RACE: White
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) July 20-1939
7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 5 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Springfield, Mo Greene Co

FATHER
13. NAME Clinton Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donnelson, Ill

MOTHER
15. MAIDEN NAME Mae L. Hoffs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso, Tex

17. INFORMANT (ADDRESS) Clinton Johnson Stockton, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton, Mo DATE 7-21, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Davis & Son Stockton Mo
20. FILED July 20 1939 Chas A. George M.D. Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-20-39, to 7-20-39
I last saw him alive on 7-20-39. Death is said to have occurred on the date stated above, at 2 30 P. m.
The principal cause of death and related causes of importance were as follows:

Asphyxia livida — Date of onset
154
Other contributory causes of importance: Prematurity -

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? No
If so, specify
(Signed) M. H. Burket M.D.
(Address) 410 Woodruff Bldg Springfield, Mo.

## 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.

Not Embalmed

Signed C. H. Neale

Licensed Embalmer No. 3332

P. O. Address Stanton, N

**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.**

X