

REC'D SEP 12 1939

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

29612
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township _____ Primary Registration District No. 3026 Registered No. 108
(c) City Chillicothe (d) Street No. _____
(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 Infant Johnson
(a) Residence, No. 122 Graves 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24-1939

7. AGE YEARS MONTHS DAYS 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.
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) Chillicothe Missouri

13. NAME Forest Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturgis MO

15. MAIDEN NAME Lillie Collier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Ct. MO

17. INFORMANT Forest Johnson (ADDRESS) 122 Graves St

18. BURIAL, CREMATION, OR REMOVAL PLACES Edge Wood Cem DATE Aug. 24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.H. Meinershagen Chillicothe MO

20. FILED August 25 1939 H. M. G. Moore Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-39

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1939, to 8-24, 1939

I last saw deceased alive on above, 1939. Death is said to have occurred on the date stated above, at 1402 m.

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

Still Born
Other contributory causes of importance: Break Premutation
Name of operation Yau Physical Date of _____
What test confirmed diagnosis Physical 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) Reuben Perry M. D.

(Address) Chillicothe 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.

939-1150
SEP 8 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.