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

DEC'T OCT 12 1939

32476
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 347
(b) Township — Primary Registration District No. 3018 — Registered No.
(c) City Clinton — (d) Street No. Community Clinic 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 Infant of Mr & Mrs Ellis Johnson
(a) Residence, No. 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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/17-1939
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, ....hrs. or ....min.

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) Clinton Mo

FATHER
13. NAME Ellis Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

MOTHER
15. MAIDEN NAME Francis Mabary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Timber Mo

17. INFORMANT (ADDRESS) Mrs Glen Nelson Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Preston Mo DATE 9-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conselus & Peck Clinton Mo

20. FILED 9-23 1939 Dr. J. R. Hampton Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1939, to 9-18, 1939
I last saw him alive on 9-18-, 1939. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

Patent Foramin Ovale — Date of onset 9-17-39

Other contributory causes of importance: 157C

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? 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) J. B. O'Neill, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2. 50M-1-12-38 1 X14028

Aneil

RECEIVED
District Health Officer No. 7, 80
District File Number 7-39-13
Date Filed 10-7-39

**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, M. D. Snow, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Mo.

**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.**