

Oct 13 1939

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

33715
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 852
(b) Township Canaan Primary Registration District No. 6121
(c) City Near Browning (d) Street No. _____ 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 525 Joseph William 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 24

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. Farmer
10. Date deceased last worked at this occupation (month and year) Sept. 20, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Scotsville
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Henry Johnson 1

14. BIRTHPLACE (CITY OR TOWN) Ky. 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucy Godman

16. BIRTHPLACE (CITY OR TOWN) Jamesport,
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Otto Johnson
Browning, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins Cemetery DATE Oct. 8th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. J. River
Browning, MO.

20. FILED Oct. 5 1939 Clio Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Sept. 25, 1939, to October 3, 1939
I last saw him alive on October 3, 1939. Death is said to have occurred on the date stated above, at 3-20 P. M.
The principal cause of death and related causes of importance were as follows:

acute myocarditis
Hb
Date of onset Oct 3

Other contributory causes of importance:
Senility
Supposed ca of Squamous

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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. P. McAuliffe, M. D.
(Address) Browning, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.....
..... **A J, River**, Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. J. River*,
Licensed Embalmer No. *1407*,
P. O. Address..... *Browning*

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.