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

DEC 12 1939

39332
Do not use this space.

1. PLACE OF DEATH
(a) County Clay
(b) Township Fishing River
(c) or City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 148
Primary Registration District No. 3011
Registered No. 154

2. PRINT FULL NAME JOHNSON, Clarence Joseph
(a) Residence, No. 201 West Kansas, Liberty, Mo. St.
(Usual place of abode, if no street address, write county or city)
Liberty, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Expert Rate Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cripple Creek, Colo.

FATHER
13. NAME George Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa (?)

MOTHER
15. MAIDEN NAME Ingar Larson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calendar, Iowa

17. INFORMANT Hospital Redords
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty, Mo. DATE 11-24 1939

19. FUNERAL DIRECTOR (NAME) Claud P ritchard
(ADDRESS) Excelsior Springs, Mo.

20. FILED Nov 24 1939 Mrs Lee McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1939 to Nov. 24, 1939
I last saw him alive on Nov. 24, 1939 Death is said to have occurred on the date stated above, at 8:25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:
Ulcer, perforated, terminal ileum

Name of operation Exploratory Laparotomy Date of 11-24-39
What test confirmed diagnosis? Exam. & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? Unknown
If so, specify
(Signed) W. A. GERMAN, M. D.
(Address) Veterans Administration Facility Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/6/39

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, or by Robert Ray, Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Richard

Licensed Embalmer No. 2791

P. O. Address Excelsior Springs, 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.