

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

43815
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township Davis Primary Registration District No. 9279
 (c) City Higginsville, (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 66

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A. Worker
 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) Higginsville, 0
 (STATE OR COUNTRY) Missouri. 9

FATHER 13. NAME George Johnson

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

MOTHER 15. MAIDEN NAME Hannah Johnson

16. BIRTHPLACE (CITY OR TOWN) Windsor, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Stella Carter
 (ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Higginsville, DATE 12/3/39

19. FUNERAL DIRECTOR (NAME) A. H. Hader
 (ADDRESS) Higginsville, Mo.

20. FILED Jan. 2 1940 A. O. T. J. J. Webb
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1939, to Nov 29, 1939
 I last saw h. alive on Nov 29, 1939. Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:

Arterio sclerosis many years
8 1/2 in
 Date of onset _____
 Other contributory causes of importance:
Recurrent Hemorrhage - Hypertension

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Only 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) H. Koppelman, M. D.
 (Address) Higginsville, 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.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1/5/40.....

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. 3637.....

P. O. Address Higginsville, 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.