

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.

JUN 10 1940

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

18034
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3908 Registered No. 129
 (c) City Fulton (d) Street No. State Hospital #1 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 27 yrs. 1 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 525 James Johnson Boone County, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE Col.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DK
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 - - - - -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DK
 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) 9 DK

FATHER
 13. NAME DK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9 DK

MOTHER
 15. MAIDEN NAME 9 DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) State Hosp #1 Record Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital grounds Fulton Mo May 8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Thomas 302 Market St. Fulton Mo

20. FILED May 8, 1940 R. N. Crewe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1940

22. I HEREBY CERTIFY, That I attended deceased from June 38, 1938 to May 3, 1940
 I last saw him alive on May 2, 1940. Death is said to have occurred on the date stated above, at 7:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Endocarditis
9 2 12
 Date of onset

Other contributory causes of importance:
Toxic degeneration of viscera
multiple infarcts
Absent Pituitary gland
 Name of operation Exploratory Laparotomy Date of 4/22/40
 What test confirmed diagnosis? Yes. 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? No
 If so, specify Yes. J. Wood, M. D.
 (Signed) 106 (Address) State Hosp #1 Fulton Mo

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.