

FILED JUL 12 1940

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

21507

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 186-
(b) Township Sparta Twp. Primary Registration District No. 4.111
(c) City — or — (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. day (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 14

2. PRINT FULL NAME

Isaac Henry Johnson
(a) Residence, No. Christian Co. 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 Minnie Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21st 1872
7. AGE YEARS 67 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mo13. NAME Solomon Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Mary Ann Shipman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Iva & Ivan Johnson
Sparta, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta, Mo 6-3-4019. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Henry Chaffin
Sparta, Mo20. FILED 6-24 19 40 Josephine Merritt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st 194022. I HEREBY CERTIFY, That I attended deceased from May 22 - 1940 to June 2 - 1940I last saw h. l. z. alive on June 7 - 1940. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

ParalysisDate of onset 5/27/40

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) D. Warren H. Wilson, M. D.(Address) Sparta, Missouri

RECEIVED

District Health Officer No. 6,

District File Number 740-1492,

Date Filed Jul 5 1940

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.