WH SEP 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28598

State File No.

Registration District No. 328 Primary Registration District No. 5462 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Speckard Lincoln twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 15

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton R.F.D. (If outside city or town limits write "RURAL")

(d) Street No. Speckard Mo Rt. 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William H. Johnson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 30 (Day) 1865 (Year)

8. AGE: Years 74 Months 10 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

FATHER
12. Name John Johnson
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Walsh
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mont Johnson

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Chas Gipson

(b) Address Trenton Mo.

19. (a) 7-2-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1 year 1940 hour 12 minute 22 M.

21. I hereby certify that I attended the deceased from June 1st, 1940 to July 1st, 1940 that I last saw him alive on June 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of Urinary Bladder

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration ??

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 300 (Specify type of place)

While at work? (e) Means of injury

23. Signature Oliver F. Duffy (M. D. or other) M.D.

Address Trenton Mo. Date signed July 2 1940

(Licensed Embalmer's Statement on Reverse Side)

V. S. No
10M—2-

RECEIVED
District Health Officer No. 11,
District File Number 240-1356
Date Filed SEP 9 1948

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 Chas D Gipson

Licensed Embalmer No. 3109

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28598

Registration District No. 328 Primary Registration District No. 5762 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) ~~City or town~~ Lifeolin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Wm H Johnson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 74 Months 10 Days 2 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-31-42 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Oliver F. Duffy (M. D. or other)
Address Trenton Mo. Date signed

SUPPLEMENTARY