DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32706

FILED OCT 18 1940

Registration District No. 615 Primary Registration District No. 5817. Registrar's No. 13.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO Rt 1
(If outside city or town limits, write "RURAL")
(d) Street No. MARION TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Jefferson 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 Married
6. (b) Name of husband or wife Nora Johnson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 14 (Day) 1869 (Year)

8. AGE: Years 71 Months 4 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Vandervort Johnson
13. Birthplace (City, town, or county) No Record (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) No Record (State or foreign country)
16. (a) Informant's own signature Nora Johnson
(b) Address Neosho Mo Rt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Dice Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Neosho Mo
19. (a) Sept 8, 1940 (Date received local registrar) (b) Mrs. U.S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1940 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from Sept 5, 1940, to , 19 ; that I last saw him alive on Sept 5 , 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
gastric ulcers	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Maness (M. D. or other) M.D.
Address Neosho, Mo. Date signed 9-7-40

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X19311

RECEIVED
District Health Officer No. 6,
District File Number 1040-2685
Date Filed OCT 10 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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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

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