NOV 20 1940

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

35950
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon — Registration District No. 632
(b) Township Couch Oak Grove — Primary Registration District No. 5847 — Registered No. X1
(c) City Couch — (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Elizabeth Johnson
(a) Residence, No. Oregon Co Mo St. Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1938

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	-	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Couch, Mo. U

FATHER
13. NAME Jesse Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Arkansas

MOTHER
15. MAIDEN NAME Ruby Courtwright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Arkansas

17. INFORMANT Jesse Johnson
(ADDRESS) Couch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE 10/24/40, 19

19. FUNERAL DIRECTOR (NAME) None 562
(ADDRESS)

20. FILED Oct. 28, 1940 Lola E. Johnson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 -, 1940 to Oct 23, 1940
I last saw h. alive on Oct 23 -, 1940. Death is said to have occurred on the date stated above, at 10:00 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Oct 23 1940

10

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? Throat test 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. Barnes M. D.
(Address) Thayer Mo.

(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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 5,
District File Number 1490121
Date Filed

RECEIVED
District Health Officer No. 5,
District File Number
Date Filed

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.