

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43589

FILED JAN 25 1940

State File No. \_\_\_\_\_

Registration District No. 778

Primary Registration District No. 6430

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville  
(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 70 years  
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Elizabeth Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
year 1940 hour 3 minute 15 A.M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Margaret C. Johnson

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

7. Birth date of deceased March 14 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 25, 1940, to Dec. 11, 1940  
that I last saw him alive on Dec. 11, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

88 8 28 hr. min.

Immediate cause of death Cerebral Hemorrhage 17 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business Retired 20 years

12. Name William Johnson

18. Birthplace Do not know Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Queen

15. Birthplace Do not know Georgia  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant E. H. Johnson

(b) Address Unionville, Mo

17. (a) Burial (b) Date thereof Dec 13-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director Comstock Funeral Home  
(b) Address Unionville, Mo.

19. (a) Dec 14, 1940 (b) H. W. Gillman  
(Date received local registrar) (Registrar's signature)

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? U45  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. L. W. Brown (M. D. assistant)  
Address Unionville Date signed 12/12/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-28

Date Filed JAN 7 1941

**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 \_\_\_\_\_

*JM Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville Mo

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.