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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

Registration District No. 470

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3194

Primary Registration District No. 5633

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: 979 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Slater
(If outside city or town limits write "RURAL")
(d) Street No.: 313 East Emma
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Hubert Johnson

3. (b) If veteran, name war:

3. (c) Social Security No.: Not known

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: January (Month) 23 (Day) 1907 (Year)

8. AGE: Years 33 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Painter

11. Industry or business:

MOTHER FATHER
12. Name: Wm. H. Johnson
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Blanchie Little
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. S. Sanatorium, Mt. Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Johnson Cem.

18. (a) Signature of funeral director: Hutt & Burnett
(b) Address: Ashland Mo

19. (a) 1-9-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1941 hour 8 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 5, 1938, to Jan. 8, 1941, that I last saw him alive on January 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial Pneumonia	8 dys
Due to: Influenza	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Tuberculosis Bilateral - far advanced	

Major findings:
Of operations:
Of autopsy: See above

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:

28. Signature: James W. Crain (M. D. or other) M.D.
Address: Mt. Vernon Mo. Date signed: 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District No. 141-221
Date Filed 8 7 1944

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 wi the above constitutes grounds for revocation of license.)

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