S. No. 2
M—4-13-40
v. 5-17-39
1 X23159

89
6
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

Registration District No. 739

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4003

Primary Registration District No. 4441

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Camden Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none / (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 All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Camden Mo. (If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME Eugene P. Johnson

3. (b) If veteran, name war no

3. (c) Social Security No 490-16-4465

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Johnson

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

7. Birth date of deceased Sept. 28 th. 1870. (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Lexington Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Minor

11. Industry or business

FATHER
12. Name Dr. Hugh Johnson
13. Birthplace Ken. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Amanda Holbrook
15. Birthplace Ken. (City, town, or county) / (State or foreign country)

16. (a) Informant Hughie Johnson
(b) Address Omaha Neb.

17. (a) Camden Mo. (Burial, cremation, or removal) (b) Date thereof 2-141. (Month) (Day) (Year)
(c) Place: burial or cremation Camden Mo.

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo.

19. (a) 2/11/41 (Date received local registrar) (b) D. A. Campbell, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 30, 1941, 19, to Jan 30, 1941 that I last saw him alive on Jan. 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	1 day
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)
(e) While at work? (e) Means of injury

23. Signature T. J. Cook (M. D. or other) M. D.
Address Richmond Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-15-41

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 J.B.Brothers, Registered Apprentice No. ....., working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond 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, fact should be so stated above.