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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7578

MAR 19 1945
Registration District No. 1547

Primary Registration District No. 3079

Registrar's No. 57

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

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1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: Levering Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteio

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

(d) Street No. _____ (If rural, give location) 1

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

3. (a) PRINT FULL NAME Francis Eugene Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-18-5836

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1941 hour 10 minute 15 P. M.

4. Sex Male 5. Color or race Colored

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 November 14, 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u> <u>32</u>	<u>23</u>	<u>2</u>	_____ hr. _____ min.

Immediate cause of death
Gunshot wound in neck & spine

Due to _____

Due to _____

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

10. Usual occupation C. C. Camp

Other conditions (include pregnancy within 3 months of death) 166

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Johnson

13. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mrs Savana Baker

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Savana Baker Holiday

(b) Address Monroe City Mo.

17. (a) Monroe (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Mo.

18. (a) Signature of funeral director H. C. Fisher

(b) Address Hannibal Mo.

19. (a) 2-18-41 (b) H. C. Fisher
(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) Homicide

(b) Date of occurrence 2-15-41

(c) Where did injury occur? Home, near Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rose Garden Tavern
(Specify type of place)

(e) Means of injury _____

23. Signature R. P. Fisher (M. D. certifies) 0

Address Hannibal, Mo. Date signed _____

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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.

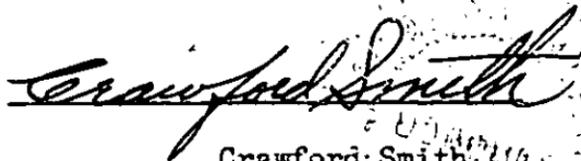
Signed W. E. Roberts
Licensed Embalmer No. 2113
P. O. Address Hannibal Mo

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.

February 17, 1941

I, Crawford Smith, Coroner of Marion County, Missouri, certify that the verdict returned by the jury, at the inquest, held over the body of Francis Eugene Johnson, February 17, 1941 was: That, he came to his death by gunshot wounds inflicted by one Orville Robinson.

A handwritten signature in cursive script, reading "Crawford Smith", written over a faint circular official stamp.

Crawford Smith

Coroner Marion County

S-7578

