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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Glynn

State File No. 14542

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 312

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

1. PLACE OF DEATH:
(a) County. GREENE
(b) City or town. Springfield
(c) Name of hospital or institution. Springfield Baptist Hosp.
(d) Length of stay: In hospital or institution. 11 Days
In this community. 0 years, months or days

3. (a) PRINT FULL NAME Lester E. Johnson
(b) If veteran, name war. no
(c) Social Security No. no

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased August 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 19 hr. min.

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John P. Johnson
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Lena P. Taylor
15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant George Johnson
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof April 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Missouri

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo

19. (a) 4-11-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Apr 1, 1941, to April 10, 1941;
that I last saw him alive on Apr 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to Hypertrophy of prostate

Other conditions 12/90
(Include pregnancy within 3 months of death)

Major findings: Enlarged prostate
Of operations: Benign Hypertrophy
Of autopsy: _____

Duration 48 hrs
2 yrs
5 yrs
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? no

(e) While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature Robert Glynn (M. D. or other) MD
Address Springfield Date signed 4/11/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. Stalio Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.