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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18346

Registration District No. 1167 Primary Registration District No. 5699 Registrar's No. 27

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rocky Comfort Vulcanoid

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald 60

(c) City or town Rocky Comfort 0

(If outside city or town limits, write "RURAL") 0

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Warner C Johnson.

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April (Month) 2 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
87	1	29	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER

12. Name Rastus Johnson

13. Birthplace D.K. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Manervia Stiles.

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

16. (a) Informant Emma Johnson

(b) Address Rocky Comfort Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort Cemetery

18. (a) Signature of funeral director Wheaton Funeral Home

(b) Address Wheaton Mo.

19. (a) 6-6-41 (Date received local registrar) (b) Ada Collings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to May 31, 1941 that I last saw him alive on May 25, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	3 yrs
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations 131 P
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? 468 (Specify type of place)

While at work? (e) Means of injury 7

23. Signature John R. Ellison (M. D. or other) MD.

Address Wheaton Mo. Date signed Jan 2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
641-913
District File
JUN 9 1941
Date Filed

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 R. Gordon Bennett, Registered Apprentice No. 200 working under my personal supervision.

Signed D. E. Horine

Licensed Embalmer No. 1414

P. O. Address Bonneville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.