

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25716

FILLED AUG 16 1941

State File No. _____

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 80

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEASHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEFFERSON AVE. 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 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Neesho
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Ave 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day July
year 1941 hour 1:55 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 15, '41
_____ 19 _____ to July 10, 1941
that I last saw him alive on July 10 _____ 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of the right side of Arterio-sclerotic Chronic interstitial nephritis
Due to _____
Due to _____

Duration

Other conditions (include pregnancy within 3 months of death) 131A

Major findings: no
Of operations _____
Of autopsy no

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Melvin C. Bowman (M. D. or other) D
Address Neesho, Mo Date signed 8/8/41

3. (a) PRINT FULL NAME John Richard Johnson
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased DECEMBER 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace CARROL Co. 1 ARKANSAS
(City, town, or country) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER, FATHER { 12. Name JOAB JOHNSON
13. Birthplace UNKNOWN 9 UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN Whitely
15. Birthplace UNKNOWN 9 UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Johnson
(b) Address Jefferson Ave Neesho Mo

17. (a) Burial (b) Date thereof 7-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Carley Thompson

(b) Address Neesho Mo

19. (a) 8-8-41 (b) Orval R. Selveroff
(Date received local registrar) (Registrar's signature)

543 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1372

Date Filed AUG 12 1941

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 Andrew Farbis

Licensed Embalmer No. 3649

P. O. Address Nesha, 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.