

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32710

Registration District No. 820 Primary Registration District No. 4496 Registrar's No.

1. PLACE OF DEATH: Scott
 (a) County
 (b) City or town ORAN
 (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
 In this community 37 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County SCOTT
 (c) City or town ORAN
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JIM BLINTON JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RILDAY JOHNSON 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. (Month) 8 (Day) 18 (Year) 1863

8. AGE: Years 78 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace POSEY COUNTY IN D. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ALICE JOHNSON

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

14. Maiden name Saint Knaw

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

16. (a) Informant Rilday Johnson

(b) Address Oran, Mo.

17. (a) Burial (b) Date thereof 9-8-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Bur. Oran, Mo.

18. (a) Signature of funeral director Biggins & Hubbard

(b) Address Chaffee

19. (a) Oct 31/41 (b) _____ (Registrar's signature)
 (Date received local registrar)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 6
 year 1941 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 1941, to Sept 6 1941
 that I last saw him alive on Sept 6 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Embolism

Due to 92

Other conditions Chronic Cystitis 8 mo.
 (Includes pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 J. A. Cline (M. D. or other) _____

Address Oran, Mo. Date signed 9/7/41

RECEIVED

District Health Office N

District File Number 10415

Date Filed 10/6/41

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.....

Mamie Berplinghoff

Licensed Embalmer No.....

3242

P. O. Address.....

Chaffee N

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.