

No. 2  
1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34204

Registration District No. 26

Primary Registration District No. 302

Registrar's No. 172

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Meramec  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Andrew County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days) 7 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Meramec  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. E. Whitley  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Johnson  
3. (b) If veteran, name war 9  
3. (c) Social Security No. 078-051120

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 10  
year 1941 hour 3:30 minute A.M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bulah Johnson  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased May 26 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1940 to Oct 10 1941  
that I last saw him alive on Oct 9 1941  
and that death occurred on the day and hour stated above.  
Immediate cause of death Chronic Interstitial Nephritis  
Duration 1 year

8. AGE: Years 51 Months 4 Days 15  
If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Maelder

Major findings: Of operations 13/a

11. Industry or business A.P. Green Fire Brick Co

Of autopsy \_\_\_\_\_

12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant Bulah Johnson

(b) Address 424 W. Rose

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

(c) Place: burial or cremation Meramec

18. (a) Signature of funeral director W. J. ...

(b) Address 101 N. Western

19. (a) Oct 11-41 (b) Blanche Keely  
(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) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? road  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no  
(Specify type of place) (e) Means of injury 0  
While at work? \_\_\_\_\_  
23. Signature Harry F. Brown (M. D. or other)  
Address Meramec Date signed 9-11-41

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

B. 77

RECEIVED

District Health Officer No. 10

District File Number 11-41-2062

Date Filed NOV 14 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 me

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

Signed Eric R. Anderson  
Licensed Embalmer No. 3477  
P. O. Address 1614 Western

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.