No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 8 97

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36415

Primary Registration District No. 4543

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County: Webster

(b) City or town: Seymour, Mo
(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 years, months or days)
In this community: 16 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster

(c) City or town: Seymour, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Carl Eugene Johns

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Sept- (Month) 28 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace: Webster Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Infent

11. Industry or business ____

FATHER
12. Name: Paul Johns
13. Birthplace: W Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ruth Miller
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Paul Johns
(b) Address: Seymour, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Goss Cem

18. (a) Signature of funeral director: Kelley - Ferrell
(b) Address: Seymour, Mo

19. (a) 10/14-41 (Date received local registrar) (b) R E McMahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, 13 day ____ year 1941 hour 11 minute ____ M.

21. I hereby certify that I attended the deceased from 9-25 1941 to 10-13 1941 that I last saw him alive on 10-13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Debility	
Due to: Premature Birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: E G Beeson (M. D. or other)
Address: Seymour Mo Date signed 10-13-41

8213 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1694
NOV 8 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.