

DEC 7 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37996
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township " " Primary Registration District No. 3009 Registered No. 3009 93.4
 (c) City " " (d) Street No. 300 E. Mo. Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benjamin F. Johnson
 (a) Residence, No. 1530 No. Pacific St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>77</u>	<u>0</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as saw mill, bank, etc. Teacher college

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocheport Mo.

13. NAME Benj F. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norfolk Va

15. MAIDEN NAME Catherine Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

17. INFORMANT (ADDRESS) Mrs B. F. Johnson Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorimer DATE Nov. 21 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co Cape Girardeau Mo

20. FILED 11-19- 1941 F. W. Phelps Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1941

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1941, to 11-18 1941. I last saw him alive on 11-18 1941. Death is said to have occurred on the date stated above, at 6:50 a.m. The principal cause of death and related causes of importance were as follows:

Cardiac Failure due to Hypertension and post operative shock

Date of onset 11-14-41

Other contributory causes of importance: 1378

Name of operation Prostate resection Date of 11-18-41

What test confirmed diagnosis? Phy Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) Paul B. Durebarum M. D. (Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 1 X16003

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..... *J. W. Rister*
Licensed Embalmer No. *3980*
P. O. Address *Cape Girardeau, 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, above space should be left blank.