1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41739

Registration District No. 974 Primary Registration District No. 5382 Registrar's No. 127

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Springcreek 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 34 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes name country

3. (a) PRINT FULL NAME John P. Johnson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha Johnson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. (Month) 25 (Day) 1873 (Year)

8. AGE: Years 68 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Miller
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Johnson
(b) Address Ava Mo R#D #4

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

(c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Dec
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken 7th Cervical Vertebra & Corresponding Segment of Spinal Cord

Due to Fall from Load of Fodder

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a 18

Of autopsy

Duration ?

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) accident

(b) Date of occurrence 12-4-41

(c) Where did injury occur? Smiley (City or town) Douglas (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm - at Home
(Specify type of place)

While at work? Yes (e) Means of injury 0

23. Signature J. L. Gentry (M. D. ~~or other~~)
Address Ava Mo Date signed 12-5-41

1056 (Licensed Embalmer's Statement on Reverse Side)

J. L. Bentley

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 N B Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville

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.

V. S. No. 2B
0M—8-21-41
I X29288

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41739

Registration District No. 974 Primary Registration District No. 5382 Registrar's No.

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava
(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

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

3. (a) PRINT FULL NAME John O. 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 25 (Day) 1873 (Year)

8. AGE: Years 68 Months — Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo.
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 12-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12-30-41 (Date received local registrar) (b) Helena S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

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

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-41739