

S. No. 7
1-14-
7. 5-17-39
X26820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42681

State File No.....

Registration District No. 667

Primary Registration District No. 4400

Registrar's No.....

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte
(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.....
In this community 60 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town La Monte
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Lee Johnson

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, Married

6. (b) Name of husband or wife Mary A. Johnson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 15 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Thomas Johnson

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

14. Maiden name Mary Jane Morgan,

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

16. (a) Informant Mary Johnson
(b) Address R.R. Danielson

17. (a) Burial (b) Date thereof: 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) Jan-42 (b) Mo Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: / Month Dec day 27
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 23 1941 to Dec 27 1941
that I last saw him alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess Liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations 1250-1

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

23. Signature H.E. Walker (M. D. or other M.D.)
Address La Monte Mo Date signed 12-29-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8, *ONT*

District File Number *1-14-42*

Date Filed *1-14-42*
ONT

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.....

B. J. Cannon

Licensed Embalmer No. *1592*

P. O. Address.....

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.