

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3090

FILED FEB 11 1942
645

State File No.

Registration District No.

Primary Registration District No. 5854

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cyark
(b) City or town Bridges Loop
(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 _____
In this community 1 yr 2 mo 15 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cyark
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes/No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME PAUL JOHNSON
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH, Month Jan day 25 year 1942 hour 7 minute 0 M.

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____

21. I hereby certify that I attended the deceased from Jan 2 to Jan 25, 1942
that I last saw him live on Jan 25 and that death occurred on the day and hour stated above.

7. Birth date of deceased November 10 1940
(Month) (Day) (Year)

Immediate cause of death Menigitis
Duration 3 wk

8. AGE: Years 1 Months 2 Days 15
If less than one day _____ hr. _____ min.

Due to Pneumonia
Bronchial Duration 3 wk

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

Due to _____

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations 8/0

12. Name Everett Johnson

Of autopsy _____

13. Birthplace Douglas Co Mo
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Becky Mahan

15. Birthplace Cyark Co Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant _____

(b) Address Everett Johnson

17. (a) Burial Date thereof 10/20
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gainesville Cemetery

18. (a) Signature of funeral director Clarkson Boardman

(b) Address Gainesville Mo

19. (a) 1-25-42 (b) Margaret Hutchinson
(Date received local registrar) (Registrar's signature)

(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 M J Hoerman (M. D. or other) MD

Address Gainesville Mo Date signed 1-26-42

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

1609

RECEIVED

District Health Officer No. 6,

District File Number 242-178

Date Filed FEB 10 1942

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

W.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.