DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3385

Registration District No. 779 Primary Registration District No. 6024a Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Des Lodge 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 In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St. Francois

(c) City or town Desloge (If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Baby Johnson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan (Month) 5 (Day) 1942 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Frank Johnson
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Glenda Douglas
15. Birthplace St. Francois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Johnson
(b) Address Des Lodge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 5 (Day) 1942 (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Linn Benham
(b) Address Bonne Terre Mo.

19. (a) Jan 5 1942 (Date received local registrar) (b) W. P. Duckworth M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 1-5, 1942, to 1-5, 1942; that I last saw him alive on 1-5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death atelectasis lungs	
Due to Premature birth 6 mo gestation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 N C Gaeke (M. D. ~~or other~~)
Address Desloge Mo Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

RECEIVED

District Health Officer No. 4

District File Number 142-55

Date Filed 1-13-42

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.....

Licensed Embalmer No.....

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, above space should be left blank.