

FILED MAR 13 1942

Registration District No. 727 406

Primary Registration District No. 4240

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Mission Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper Co. BC Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)  
In this community life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Coal Pheasant  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 Conroy St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-28-1942 1942 to Feb 22 1942  
that I last saw him alive on Feb 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Miliary Tuberculosis  
Due to: Pulmonary  
Selected Tuberculosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Jesse E. Daugherty (M. D. or other)  
Address Shell City Mo Date signed 2/24/42

3. (a) PRINT FULL NAME David A. Johnson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-01-537

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Merry Johnson 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Feb 9 1884  
(Month) (Day) (Year)

8. AGE: Years 157 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner Lead + zinc mines

11. Industry or business Furnace

12. Name David A. Johnson

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

14. Maiden name Ann C. Haller

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

16. (a) Informant Merry Johnson

(b) Address Paul Johnson, Mo

17. (a) Burial (b) Date thereof Feb 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Cemetery

18. (a) Signature of funeral director Walter H. Underhill  
(b) Address Walter H. Underhill, Mo

19. (a) Feb 25 1942 (b) Mrs. Willie Eagle  
(Date received local registrar) (Registrar's signature)

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

42-2-205



**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 myself  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Woff City - 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, fact should be so stated above.**