No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7117

State File No.

Registration District No. 449 470 Primary Registration District No. 5633 Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 295 days (Specify whether
In this community 295 days - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele 78
(If outside city or town limits, write "RURAL")

(d) Street No. 30
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Saint T. Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Black

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Oct (Month) 17 (Day) 1910 (Year)

8. AGE: Years 31 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Webster Co (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

FATHER
12. Name Erwin Johnson
13. Birthplace Webster Co. Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marrie Williams
15. Birthplace Webster Co Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Emmett Michael Record Clerk
(b) Address Missouri State San

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 11 (Day) 1942 (Year)
(c) Place: burial ~~or cremation~~ Sanatorium Cemetary

18. (a) Signature of funeral director Geo. B. Orr
(b) Address Mt. Vernon Mo

19. (a) March 6-42 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1942 hour 6:15 minute P M.

21. I hereby ~~certify that~~ I attended the deceased from April 10th 1941, to Jan 29 1942 that I last saw h. 1 alive on Jan 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulmonary Tuberculosis about 4 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 f'

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)
(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 Esther E. Coffman (M. D. or other)
Address Mt Vernon Mo State San Date signed 1-29-42

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-371
Date Filed MAR 12 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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address 7 Mt Vernon Sta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.