No. 2
4-13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7230

Registration District No. 638 | Primary Registration District No. 3028 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: MADISON
(b) City or town: FREDERICKTOWN Twn
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: BUTLER 12
(c) City or town: POPLAR BLUFF 7
(If outside city or town limits, write "RURAL") 3
(d) Street No.: N. 5th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No / years.

3. (a) PRINT FULL NAME: L. FRED JOHNSTON
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: MALE
5. Color or race: WH
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: EUNA JOHNSTON
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: JULY (Month) 27 (Day) 1881 (Year)

8. AGE: Years 60 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: MIDDLE BROOK (City, town, or county) ARK (State or foreign country)
10. Usual occupation: CONDUCTOR
11. Industry or business: RAILROAD-MISSOURI PACIFIC

FATHER
12. Name: DON'T KNOW
13. Birthplace: " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: "
15. Birthplace: " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: PAUL T. HACKNEY
(b) Address: FREDERICKTOWN MO
17. (a) POPLAR BLUFF, MO-CITY (Burial, cremation, or removal) (b) Date thereof: JAN. 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: CITY CEM. POPLAR BLUFF-MO
18. (a) Signature of funeral director: Webb Mortuary Funeral Mortuary
(b) Address: Fredericktown, Mo. & Poplar Bluff-Mo
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 24th year 1942 hour 7:25 minute A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Being crushed to death between the wheels of two coal cars — Duration
Due to: Being crushed by wheels of coal cars
Due to: .....
Other conditions (Include pregnancy within 3 months of death): 6
Major findings: Of operations: 69 1/4 D
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): accident
(b) Date of occurrence: 1/24/1942
(c) Where did injury occur? Fredericktown Madison Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial M.P. Work. 1062 (Specify type of place)
While at work? Yes (e) Means of injury: Crushed
23. Signature: Geo. Forest Reynolds Coroner (Title or position)
Address: Fredericktown Date signed: 1/24/1942

4-81 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 242-264

Date Filed 2-16-42

MAR 16 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 Paul T. Hackney

Licensed Embalmer No. 3598

P. O. Address Fredericktown

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7230

Registration District No. 538 Primary Registration District No. 3028 Registrar's No.

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME L. Fred Johnson
3. (b) If veteran, name war
3. (c) Social Security No.

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

7. Birth date of deceased July (Month) 27 (Day) 1876 (Year)

8. AGE: Years 66 Months 5 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 26 1942 (Date received local registrar) (b) S. C. Scaughlin (Registrar's signature) By E. P. Curnutt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 24 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY