No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1942

Registration District No. 580

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14995

Primary Registration District No. 5777

Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Monroe
(b) ~~City or~~ town ship of Union (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 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) ~~City or~~ town ship of Union (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Allen Eugene Johnson

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-18-5860

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Opal Johnson

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

7. Birth date of deceased Feb (Month) 16th (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	2	7	✓ hr. ✓ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jasper T. Johnson
13. Birthplace (City, town, or county) Mo ( ) (State or foreign country)

MOTHER
14. Maiden name Jossie Blackwell
15. Birthplace (City, town, or county) Mo ( ) (State or foreign country)

16. (a) Informant Mrs Opal Johnson
(b) Address R.F.D. Middle Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl (Month) 25th (Day) 1942 (Year)
(c) Place: burial or cremation Prairie Valley, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) Apr 25 1942 (Date received local registrar) (b) E. H. Agnew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1942 hour 5 minute 05 a.m.

21. I hereby certify that I attended the deceased from April 20th, 1942 to April 23, 1942 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	
Due to Mecsels	
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)
(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 — 0

23. Signature Paul C Davis (M. D. or other) M.D.
Address Moberly, Mo Date signed 4/23/42

1274

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-991
Date Filed MAY 14 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 Frank D. D'Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.