. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18741

State File No.

FILED JUN 10 1942

Registration District No. 688

Primary Registration District No. 5917

Registrar's No.

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

82
0
0

1. PLACE OF DEATH:

(a) County PIKE Buffalo Twp.

(b) City or town (RURAL) AT. MO. ORD. WKS.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COSGROVE SWITCH MO 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community DAILY WORK.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County PIKE

(c) City or town (RURAL) PLEASANT HILL ILL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR PLEASANT HILL ILL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME LESLIE ANDREW JOHNSON

3. (b) If veteran, name war —

3. (c) Social Security No. 346-16-4361

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife DAISY JOHNSON

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY (Month) 30 (Day) 1883 (Year)

8. AGE: Years 58 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace PIKE CO (City, town, or county) ILL (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name CHARLES JOHNSON
13. Birthplace CALHOUN CO (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name KATIE CHAFFEY
15. Birthplace PIKE CO (City, town, or county) MO (State or foreign country)

16. (a) Informant Van Shine
(b) Address 403 No 7 Louisiana, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL ILL

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Mo

19. (a) 5-31/42 (Date received local registrar) (b) J C Haley Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29th year 1942 hour 11:00 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 By accident having been backed over by a Dump Truck.

Due to Decision made by Coroners Jury

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) ACCIDENT 0 82

(b) Date of occurrence MAY 29 1942

(c) Where did injury occur? (RURAL) LOUISIANA PIKE MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? INDUSTRIAL PLACE (Specify type of place)

While at work? YES (e) Means of injury TRUCK 3

23. Signature M H Smith Coroner

Address Louisiana, Mo. Date signed 5/29/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1942

RECEIVED
District Health Officer No. 10
District File Number 6-42-1217
Date Filed JUN - 9 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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed J. B. Stevens

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.