S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19000

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 1262

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Thirty-three Days (Specify whether years, months or days) In this community Three Months and Four Days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Georgia (b) County Lanier

(c) City or town Lakeland 9 (If outside city or town limits, write "RURAL") 0

(d) Street No. Box #263 (If rural, give location)

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

If yes, name country ******

3. (a) PRINT FULL NAME JOHNSON, HOKE S.

3. (b) If veteran, name war ****** 3. (c) Social Security No. ***

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased May (Month) 28 (Day) 1910 (Year)

8. AGE: Years 32 Months 0 Days 10 If less than one day ** hr. ***** min.

9. Birthplace Lakeland (City, town, or county) Georgia (State or foreign country) 1

10. Usual occupation Barber

11. Industry or business Barber

FATHER
12. Name Merrit Eliget Johnson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Clinical Record Sgt Shaw

(b) Address Station Hospital, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 8, 42 (Month) (Day) (Year)

(c) Place: burial or cremation VALDOSTA, Ga

18. (a) Signature of funeral director C H Thornton U & L Co

(b) Address 78148 Broadway

19. (a) JUN 8 - 1942 (Date received local registrar) (b) C. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Seventh year 1942 hour 10 minute 13 A.M.

21. I hereby certify that I attended the deceased from May Sixth, 1942, to June Seventh, 1942 that I last saw him alive on June Seventh, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes, Mellitus, acute, cause undetermined

Due to

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmed Above

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? Henry Sydow (e) Means of injury 0

23. Signature Henry Sydow, Capt MC (M. D. XXXX) MD

Address Station Hosp. Jeff. Bks. Mo. Date signed 6-8-42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schemacher

Licensed Embalmer No. 2679

P. O. Address 732 Tamaqfernyrd.

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.