S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21851

Registration District No. 605 | Primary Registration District No. 4359 | Registrar's No. 2804

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Rural Catron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Como Dairy
(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: Whole life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid 72
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1½ miles south of Catron, Mo 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Henry Johnson
3. (b) If veteran, name war: .....
3. (c) Social Security No. .....
4. Sex: M 2
5. Color or race: Colored
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: Jan. (Month) 16 (Day) 1942 (Year)
8. AGE: Years ✓ | Months 5 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace: Stoddard Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: (Infant)
11. Industry or business: .....
FATHER
12. Name: Marion Johnson
13. Birthplace: Ark 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Josie Eskew
15. Birthplace: Ark 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Joe Eskew
(b) Address: Catron Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-'42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove Cemetery
18. (a) Signature of funeral director: Duncan Funeral Home
(b) Address: Bernie, Mo.
19. (a) June 29/42 (Date received local registrar) (b) Mrs. S. B. Rademaker (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from June 28, 1942, to June 28, 1942, that I last saw him alive on June 28, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Colitis	
Due to: malnutrition	
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death): 119a	
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: .....
23. Signature: Geo W Hunter (M. D. or other)
Address: Parma Date signed 6/29/42

1028 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.