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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22141

Registration District No. 760A

Primary Registration District No. 4455

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: Wentzville

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 74 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 92

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patrick Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 15 (Day) 1868 (Year)

8. AGE: 74 Years | Months 0 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Pete Johnson
13. Birthplace Unknown (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 Carrie Perry

(b) Address Wentzville, Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 6/ (Month) (Day) 42 (Year)

(c) Place: burial or cremation Hopewell, Mo.

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) 6/22/42 (Date received local registrar) (b) Gertrude [illegible] Foustell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1942 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 11 1942 to June 19 1942 that I last saw him alive on June 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia or Old Age Arbitrary Of Ex On — Duration 1 year

Due to Old Age

Due to —

Other conditions No (Include pregnancy within 3 months of death)

162a

Major findings: Of operations No

Of autopsy No

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) no

(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? No injury (Specify type of place)

While at work? — (e) Means of injury —

23. Signature E B Kenner (M. D. or other)

Address Wentzville Mo Date signed 6/23/42

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(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 Melvin Blackburn

Licensed Embalmer No. 3962

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.