

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942
Registration District No. 182

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4503

State File No.
Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution:
(Specify whether
In this community 16 Years
years, months or days)

3. (a) PRINT FULL NAME Edward Bertram Johnson
(b) If veteran, name war
(c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys P Johnson
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April 22nd 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 7 hr. min.

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER
{ 12. Name Fred H Johnson
13. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wester
15. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gladys Johnson
(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 5/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Shelbyville Mo.

18. (a) Signature of funeral director William R. Barkeloo
(b) Address Shelbina Mo.

19. (a) June 13 42 (b) Madge Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 109
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1942 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from January 30
1942 to May 28th 19 42
that I last saw him alive on May 28th 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Adominal Carcinoma, origin in sigmoid
Due to
Due to

Other conditions
(include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place)
(e) Means of injury no
23. Signature J. O. ... (M. D. or other) M.D.
Address Shelbina, Mo. Date signed 6-3-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 10

District File Number 7-42-1423

Date Filed JUL-15-1942

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 Martin E. Muccian

Licensed Embalmer No. 3957

P. O. Address Shelburne Vt.

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.