

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24109

State File No. _____

FILED AUG 10 1948

Primary Registration District No. 30-15-199A

Registrar's No. 119

24
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Mosby *Shanghai, Kentucky*

(c) Name of hospital or institution _____

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

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

In this community 12 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24

(c) City or town Mosby (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 _____

3. (a) PRINT FULL NAME George Ulrick Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-01-4344

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Martha Jane

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	5	21	_____ hr. _____ min.
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9. Birthplace Ray Co. Mo. - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Coal mine

12. Name Huey Johnson

13. Birthplace Ky. /

MOTHER { 14. Maiden name Martha Holbrook
(City, town, or county) (State or foreign country)

15. Birthplace Ky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Jane Johnson

(b) Address Mosby, Mo. 7-26-42

17. (a) burial (b) Date thereof Camden Mo.
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Claudetrichard

(b) Address Excelsior Springs, Mo.

19. (a) 7-28-42 Mrs. Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1942 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 5/13 1942 to 7/24 1942

that I last saw him alive on 7/23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Sarcophago

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft

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? _____

While at work _____ (Specify type of place)

(a) Months of injury _____

23. Signature Claretichard (M., D. or other) M.D.

Address Excelsior Springs, Mo. Date signed 7/27/42

(Licensed Embalmer's Statement on Reverse Side) 30 p.m. 24

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-7-42

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.....

Claude F. Richard

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Claude F. Richard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

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.