No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 135 | Primary Registration District No. 3034 | Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County: Randolph.
(b) City or town: Moberly, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodlan Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED: Audrain. 4
(a) State: Missouri (b) County: ~~Randolph~~ 1
(c) City or town: Mexico, Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No. 921 West Brackenridge.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Harry Johnson.
3. (b) If veteran, name war: None.
3. (c) Social Security No. 498-03-2301
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Mary Leta Johnson.
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: August 4, 1904. Missouri. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	11	22	hr. min.

9. Birthplace: Audrain County, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer.
11. Industry or business: Brick Plant.

MOTHER FATHER
12. Name: John A. Johnson.
13. Birthplace: Monroe County, Missouri. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Hattie Sanders.
15. Birthplace: Audrain County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Leta Johnson
(b) Address: Mexico, Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 7-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Midway
18. (a) Signature of funeral director: Clyde Wilkey
(b) Address: Perry, Missouri.
19. (a) July 29-42 (Date received by local registrar) (b) Irma Hare (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 26th, year 1942, hour 9:15 minute A.M.
21. I hereby certify that I attended the deceased from July 22, 1942, to July 26, 1942, that I last saw him alive on July 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute suppurative Appendicitis with peritonitis	July 20, 1942
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

121.1

Major findings:
Of operations: Acute suppurative Appendicitis with peritonitis
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: R. D. Streeter (M. D. or other) M.D.
Address: Moberly, Mo Date signed July 29, 1942

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-~~XXXX~~-1618
Date Filed AUG 14 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~~ Clyde C. Wilkey, Registered Apprentice No. ..... working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.