V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 30560

Registrar's No. 381

49
0
0

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

Lawson

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 22nd & Iron Gates /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin rural
(If outside city or town limits, write "RURAL")

(d) Street No. 22nd & Iron Gates
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Paul Baxter Johnson

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased July 15, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	1	19	hr. min.

9. Birthplace Knox County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business " "

FATHER
12. Name William Johnson
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Cunningham
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Margaret Schoonover
(b) Address 22nd & Iron Gates, Joplin,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (Month) (Day) (Year) (9/7/4)

(c) Place: burial or cremation HAZEL GREEN MO

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 9-7-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4
year 1942 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 2, 1942, 19 ..., that I last saw him alive on Sept 6, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation	1 yr.
Due to	
Due to 133a	
Other conditions Pyoxylebrous (Include pregnancy within 3 months of death)	3 yrs

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 S. Johnson (M.D. or other)
Address Joplin Mo Date signed 9-8-42

(Licensed Embalmer's Statement on Reverse Side)

429.811

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. 95-9

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.