V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34813

State File No.

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2055

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Found in Mississippi River at Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 4,5,6 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 105

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

(d) Street No. Box 93 0
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME James Donald Johnson

3. (b) If veteran, name war Navy 1942

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) Unknown (Day) 1919 (Year)

8. AGE: Years About 23 | Months | Days | If less than one day hr. min.

9. Birthplace Browning (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Sailor U S Navy

11. Industry or business

FATHER
12. Name Otto Johnson
13. Birthplace Browning (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Opal Van Horn
15. Birthplace Browning (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Otto Browning Father

(b) Address Box 93 Browning, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Browning, Missouri

18. (a) Signature of funeral director C. Hoffmeister U.&.O.Co.

(b) Address 7814 S. Broadway

19. (a) OCT - 5 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1942 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowned in the Mississippi River.

Due to Asphyxiation, lungs filled with water.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

80-3
36

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) Accident. 096

(b) Date of occurrence Sept. 22, 1942

(c) Where did injury occur? Mississippi River. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H B of Pharm (M. D. or other)

Address Kirkwood, Mo. 10/5/42 Date signed

707

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.