FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37644

Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 2-7-4 240
(b) Township — Primary Registration District No. 4063 — Registered No. 44
(c) City Lilbourn — (d) Street No. 1 — 4238 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Daniel Johnson
(a) Residence, No. Peach Orchard Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. COLOR OR RACE O White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) O Sing

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 - 42

7. AGE — YEARS — MONTHS 7 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Non
10. Date deceased last worked at this occupation (month and year) Non — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

FATHER
13. NAME Jessie Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

MOTHER
15. MAIDEN NAME Carry Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

17. INFORMANT (ADDRESS) Jessie Johnson Peach Orchard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mounds DATE 11/19 1942

19. FUNERAL DIRECTOR (ADDRESS) L. McNeill Lilbourn Mo

20. FILED 11-19- 1942 Mrs. I. L. Farrett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1942, to Nov 18, 1942
I last saw him alive on Nov 18, 1942. Death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral meningitis — Date of onset Nov 8 '42

Other contributory causes of importance:

Broncho Pneumonia — Nov 15 '42

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) E. E. Jones, M. D.
(Address) Lilbourn, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED
District Health Office No. 2,
District File Number 1242-1682
Date Filed 12-11-42

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)