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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 11

FILED APR 30 1943

Registration District No. 375

Primary Registration District No. 6299

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

114
00

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town GASCONADE TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(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 26 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town GASCONADE TWP RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM R. JOHNSON

(b) If veteran, name war N.O.N.P.

(c) Social Security No. N.O.N.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 6, 1943, to Mar 7, 1943
that I last saw him alive on Mar 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 day

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased MARCH 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 19 hr. min.

9. Birthplace EAST FRISLAND GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name NOT KNOWN

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

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

16. (a) Informant August Cutting

(b) Address Manfield Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 8 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OPETTING SP.

18. (a) Signature of funeral director J.C. Stiffe

(b) Address Manfield Mo.

19. (a) 3-10-43 (Date received local registrar) (b) W. W. Wynn (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. G. Fuson (M. D. or other) _____
Address J. Manfield Date signed Mar 7-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

LIVED

District Health Officer No. G.

District File Number 443.468

Date Filed 4/27.43

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 Dr. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Manassas Mo

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.