

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 35

24
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
I. O. O. F. O'Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay

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

(d) Street No. I. O. O. F. Home Liberty, Mo
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip H. Johnson

3. (b) If veteran, ✓ name war _____

3. (c) Social Security ✓ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour _____ minute _____ M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife M. Johnson

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

7. Birth date of deceased: Jun 4 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 8 1942 to May 4 1943
that I last saw him alive on May 4 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 4 Days 0
If less than one day hr. _____ min.

Immediate cause of death General atherosclerosis, 100%

Due to _____

Due to _____

9. Birthplace W. Sterling Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

Due to _____

11. Industry or business _____

12. Name P. Johnson

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

14. Maiden name Ann Masters

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Virgil Williams

(b) Address 3824 Olive - Kansas City Mo

17. (a) Burial (b) Date thereof May 5 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barny - Mo.

18. (a) Signature of funeral director Marston F. Home

(b) Address no Kansas City Mo

19. (a) May 5 1943 (b) Helen Early
(Date notified local registrar) (Registrar's signature)

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 Quinton Malby (M. D. or other) M.D.

Address Liberty Mo Date signed 4-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-43

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 John S. Morton
Licensed Embalmer No. 4349
P. O. Address No Remo

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.