No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17867

State File No.

FILED JUN 3 1943

Registration District No. 488

Primary Registration District No. 5466

Registrar's No. 346

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town ~~Springfield~~ S. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22
(a) State Missouri (b) County Christian
(c) City or town Sparta Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME SOLOMON M. JOHNSON
3. (b) If veteran, name war Unknown
(c) Social Security No. None

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WIFE OTA JOHNSON
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased MAY (Month) 10 (Day) 1888 (Year)

8. AGE: Years 54 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name SOLOMON JOHNSON
13. Birthplace Unknown (City, town, or county) MO (State or foreign country)
14. Maiden name MARY ANN SHIPMAN
15. Birthplace Unknown (City, town, or county) MO (State or foreign country)
16. (a) Informant KNIAL KISSEE
(b) Address SPARTA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 3 (Day) 1943 (Year)
(c) Place: burial or cremation FAIRVIEW CEMETARY
18. (a) Signature of funeral director OTH RATHBUN
(b) Address SPARTA MO
19. (a) 5-3-43 (Date received local registrar) (b) 5 W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan. - 15th, 1943, to May - 1 -, 1943;
that I last saw him alive on April - 30 -, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage Intestine	48 hrs
Due to Carcinoma Stomach & Intestine	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 b

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 X

23. Signature Warren W. Wilson Mo. Lic. # 4460 (M. D. or other)
Address Sparta, Mo Date signed 5/3/43

(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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.