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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18381

State File No.

JUN 10 1943

Registration District No. 208 Primary Registration District No. 4320 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: City 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64 2

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

(d) Street No. .....
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert Lewis Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Negro 2

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

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

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

7. Birth date of deceased April (Month) 29 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Lincoln Johnson 0
13. Birthplace Marion County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Wilkinson 0
15. Birthplace Monroe County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lincoln Johnson

(b) Address Palmyra, Mo.

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

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Lewis Bros

(b) Address Palmyra, Mo.

19. (a) 5/16/43 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 29-43 ....., 19.... to ....., 19....;
that I last saw him alive on May 16-43, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Impetigo Syphilitica

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

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 .....

23. Signature H B M Meehan (M. D. or other) MD

Address 1217 Church Hannibal Mo Date signed 5/18/43

(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.....

Not Embalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.