

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18726

Registrar's No. 31

FILED JUN 4 1949
Registration District No. 280

Primary Registration District No. 5964

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

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Potosi Mo.
(c) Name of hospital or institution: rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 yr
In this community 64 yr
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Year No) no
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Huston Johnson
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1943 hour 6:15 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 29, 1943, to May 7, 1943
that I last saw him alive on May 7, 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lurak Dean Johnson
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased: April (Month) 29 (Day) 1853 (Year)

Immediate cause of death: Bronchitis Pneumonia
Due to Senility
Arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
Of operations _____
Of autopsy _____

8. AGE: Years 90 Months 0 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Platte, County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name David Johnson
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Johnson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eugene Well
(b) Address Parkville Mo

17. (a) Rural (b) Date thereof May 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Line Creek

18. (a) Signature of funeral director Voland
(b) Address Parkville

19. (a) 5-13-43 (b) Mrs. Clay Hifflee
(Date received 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 2
23. Signature J. J. Casbath (M.D. or other) 20
Address Parkville Mo Date signed May 4 1949

Duration 1 day
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platts

District File Number 6-43-57

Date Filed 6-2-43

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 J. L. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.