V. S. No. 2
50M—5-42
ev. 5-17-39
I X32378

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22139

State File No.

FILED JUL 10 1943

Registration District No. 2 74 Primary Registration District No. 3052 Registrar's No. 201

80
6
4

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 625 N. Moniteau 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 30 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia 80
(If outside city or town limits, write "RURAL")
(d) Street No. 625 N. Moniteau 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 4

3. (a) PRINT FULL NAME Emmett Johnson
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M2
5. Color or race Negro
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 10 (Day) 1889 (Year)

8. AGE: Years 53 Months 11 Days If less than one day hr. min.

9. Birthplace Pettis Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Paperhanger
11. Industry or business
FATHER
12. Name John Johnson
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Malden name Clarsey Williams
15. Birthplace Montgomery City Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Aaron Johnson
(b) Address 508 N Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 14 (Day) 43 (Year)
(c) Place: burial or cremation Sedalia, Mo
18. (a) Signature of funeral director J. Pryce Alexander
(b) Address Sedalia, Mo
19. (a) 6/14/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Dec 23 1942 to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant growth in kilus of lung	5 Mos
Due to	
Due to	

Other conditions Operated on for appendicitis
(Include pregnancy within 3 months of death) Dec 12/23/43

Major findings:
Of operations appendicitis
Appendix removed
Of autopsy None

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 [signature] (M. D. or other)
Address 118½ W Main Sedalia Mo Date signed 6/14/43

1022

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1943
RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-43

AUG 31 19

APR 18 1955

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. Pryce Alexander

Licensed Embalmer No. 4275

P. O. Address Dedalia

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.