

S. No. 2  
-11-10-39  
5-17-39  
I X21

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25709**  
Registrar's No. **40**

78  
000

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

FILED AUG 9 1943 67  
Registration District No. **67**

Primary Registration District No. **5902**

1. PLACE OF DEATH:

(a) County **Demasot**  
(b) City or town **Rural**  
(c) Name of hospital or institution:  
(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:

(a) State **Missouri** (b) County **Demasot**  
(c) City or town **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 **George Johnson**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Lucinda Johnson** 6. (c) Age of husband or wife if alive **21** years  
7. Birth date of deceased **Jan 21 1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **Cainington Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Cotton Farm**

12. Name **Walter Johnson**

18. Birthplace **Cainington Tenn**  
(City, town or county) (State or foreign country)

14. Maiden name **Alice Hill**

15. Birthplace **Cainington Tenn**  
(City, town, county) (State or foreign country)

16. (a) Informant **Lucinda Johnson**

(b) Address **Pocahontas Mo.**

17. (a) **Rural** (b) Date thereof **7-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pocahontas Mo**

18. (a) Signature of funeral director **F. J. Smith**

(b) Address **Pocahontas Mo**

19. (a) **7-25-43** (b) **Geo. Blinhardt**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13** P. M.  
year **1943** hour **13** minute

21. I hereby certify that I attended the deceased from **June 12, 1943**  
to **July 13, 1943**  
that I last saw him alive on **July 13, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Arteriosclerosis, Hypertension**

Other conditions **Myocarditis, Bronchitis**  
(Include pregnancy within 3 months of death)  
**Hypertensive bronchitis**

Major findings: Of operations  
Of autopsy **1218**

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 **H. G. Boardman** (M. D. or other)  
Address **Pocahontas Mo** Date signed **7-14-43**

7-43-261

---

---

**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.....

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, above space should be left blank.**