

No. 2  
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-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 18 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34510  
Registrar's No. 139-

Registration District No. Primary Registration District No. 3017

1. PLACE OF DEATH:  
(a) County COOPER  
(b) City or town BOONVILLE  
(c) Name of hospital or institution: ALEX VAN RAVENSWAAY HOSP.  
(d) Length of stay: In hospital or institution 3 DAYS  
In this community 3 DAYS

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau 68  
(c) City or town Tipton  
(d) Street No. No street numbers  
(e) Citizen of foreign country? No Native

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCT. day 29 year 1943 hour 5 minute P. M.  
21. I hereby certify that I attended the deceased from OCT. 26-43 to OCT. 29 1943 that I last saw him alive on OCT. 29 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura Johnson 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased May, 7th, 1871

Immediate cause of death UREMIA Duration 6-DAYS

8. AGE: Years 78 Months 5 Days 7 If less than one day

Due to PROSTATIC OBSTRUCTION URETHRAL STRICTURES ?

9. Birthplace Bunceton, Missouri Laborer

Due to Other conditions (include pregnancy within 3 months of death) 137a

10. Usual occupation Public  
11. Industry or business  
12. Name Abraham Johnson  
13. Birthplace Virginia  
14. Maiden name Cordella Herndon  
15. Birthplace Kentucky

Major findings: Of operations Of autopsy

16. (a) Informant Laura Johnson (b) Address Tipton, Mo.  
17. (a) Removal (b) Date thereof 10-29-43  
(c) Place: burial or cremation Tipton, Mo.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director James E. Richards  
(b) Address Tipton, Mo.  
19. (a) Oct 29-43 (b) Dr. Chas. Swap

23. Signature Aubrey H. Wells (M. D.)  
Address Boonville, Mo. Date signed 10-29-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Dis

Dis

D

11-3-48

AUG 21 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ <sup>wishes</sup> embalmed by me, or by me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Jerrill E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton 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.