

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

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED DEC 18 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41496**  
Registrar's No. **56**

Registration District No. **11**

Primary Registration District No. **5040**

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Rural - Ester Sup.**  
(c) Name of hospital or institution: **Ester - mo. R#1**  
(d) Length of stay: In hospital or institution. **41 years**  
In this community **41 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Barry**  
(c) City or town **Rural - Ester Sup.**  
(d) Street No. **1 1/2 N. N.W. of Ester**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Henry Francis Johnson**

3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **m**  
5. Color or Race **W.**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rura May Johnson**  
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Nov 8 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **27**  
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Orta Johnson**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Jennings**

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

16. (a) Informant **Mrs Rura May Johnson**

(b) Address **Ester, Mo. R#1**

17. (a) **Burial** (b) Date thereof **Dec. 8, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maplewood Cemetery**

18. (a) Signature of funeral director **W. H. Koon**

(b) Address **Cassville, Mo.**

19. (a) **Dec 7 - 1943** (b) **Grace Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5<sup>th</sup>**  
year **1943** hour **12** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **May 2 1942** to **Dec. 5 1943**  
that I last saw **alive on Dec 5 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
Duration **1 day**

Due to **Essential Hypertension** 10 years

Due to **Pellagra** 3 years

Other conditions **Pellagra**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **69**  
Of operations  
Of autopsy

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

23. Signature **E. E. McDaniel**  
Address **Cassville, Mo.** Date signed **12/7/3**

RECEIVED

District Health Officer No. 6,

District File Number 1243-1389

Date Filed DEC 13 1943

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.....

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

Signed W. C. Koon.....

Licensed Embalmer No. 4359.....

P. O. Address Cassville, 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.