

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3649

State File No. _____

Registration District No. 226

Primary Registration District No. 5802

Registrar's No. 2

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Rural - - Woodlawn Twnshp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
 In this community: Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Monroe
 (c) City or town Woodlawn Twnshp
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME John Robert Johnson
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec day 30
 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from July 1,
1943, to Dec 1, 1943
 that I last saw him alive on Dec 1, 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, Widowed
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Nov. 15 1858
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis
 Due to: Senility
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
85 1 15 _____ hr. _____ min.
 9. Birthplace: Mo
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation: Farming
 11. Industry or business: _____
 12. Name: Jake Johnson
 13. Birthplace: Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name: Mandy Hindren
 15. Birthplace: Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Jim Laytham
 (b) Address: Woodlawn, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 2, 1944
(Month) (Day) (Year)
 (c) Place: burial or cremation: Oak Grove, Woodlawn 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? _____
(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: J. A. Barnett (M. D. or other) MD
 Address: Paris, Mo. Date signed: 1-7-44

18. (a) Signature of funeral director: C. C. Hopper
 (b) Address: Clarence, Mo.
 19. (a) 1/8/44 (Date received local registrar) (b) Chris Hedberg (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-223

Date Filed FEB 5 1944

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..... *Paul C. Hopper*.....

Licensed Embalmer No. 4267

P. O. Address..... *Clarence, 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.