

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4001
Registrar's No. 13

FILED FEB 7 1943
Registration District No. 7

Primary Registration District No. 4429

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Richland
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Richland
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Smith Johnson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th year 1943 hour 6 minute 10 a.m.

21. I hereby certify that I attended the deceased from 9-5 1941 to 12-18 1943
that I last saw him alive on 12-17 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 Married

6. (b) Name of husband or wife Annice Johnson 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 1st 1860
(Month) (Day) (Year)

Immediate cause of death Hemiplegia left side

Due to _____

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ min.

9. Birthplace Richland Pulaski Co Mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

10. Usual occupation Laborer

11. Industry or business _____

12. Name Moses Johnson

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

14. Maiden name unknown

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

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? _____

16. (a) Informant Repha Johnson

(b) Address Salado Mo

17. (a) Buried (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

18. (a) Signature of funeral director R. S. Deper

(b) Address Richland Mo

19. (a) JAN 29 1944 (b) John M. O'Fallon
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. R. Howlett (M. D. or other)

Address Richland Mo Date signed 1-10-44

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-43439

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.

Not Embalmed

Signed..... RB Deepen

Licensed Embalmer No. 3198

P. O. Address..... Richland 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.