

DEPARTMENT OF COMMERCE
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4830

State File No. _____

Registrar's No. 2

Registration District No. 379

Primary Registration District No. 6287

1. PLACE OF DEATH

(a) County Wright
(b) City or town CEAR, MAP, MISSOURI
(c) Name of hospital or institution: dup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wright
(c) City or town CEAR, MAP, MISSOURI
(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 P. Johnson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 21 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days 22 If less than one day hr. _____ min. _____

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business Richard Johnson

MOTHER FATHER

12. Name Richard Johnson

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

14. Maiden name Elisa Hatcher

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

16. (a) Informant Geo Johnson
(b) Address Seymour Mo

17. (a) BURIAL (b) Date thereof JAN 14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Cem

18. (c) Signature of funeral director Kelley-Ferrell
(b) Address Seymour Mo

19. (c) Feb 1 1944 (b) S. Hensley
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12
year 1944 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 5
1944 to Jan 12 1944
that I last saw him alive on Jan 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to Old age & Infirmit
Due to Cerebral hemorrhage
Some time ago

Duration 10 days
2 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ZZA
Of autopsy _____

PHYSICIAN
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? _____ (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 J. A. Fuson (M. D. or other)
Address Manfield Mo Date signed Jan 14 1944

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

RECEIVED

District Health Officer No. 1

District File Number 244-132

Date Filed FEB 8 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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.