No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20987

Registration District No. 2 — Primary Registration District No. 5018 — Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Andrew — Platte Twp
(b) City or town: King City Mo.R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: All life.

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Andrew. 2
(c) City or town: King City Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Platte Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Myron William Johnson.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Make 0
5. Color or race: Cau.
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Ella May
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: April (Month) 4 (Day) 1873 (Year)

8. AGE: Years 71 | Months 2 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace: Andrew Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business:
FATHER 12. Name: Henry Johnson.
FATHER 13. Birthplace: (City, town, or county) N.Y. 1 (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Oliver.
MOTHER 15. Birthplace: (City, town, or county) Wis. 1 (State or foreign country)
16. (a) Informant: Ella May Johnson.
(b) Address: King City Mo. R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July.2.44. (Month) (Day) (Year)
(c) Place: burial or cremation: Star Chapel Cem.
18. (a) Signature of funeral director: H. G. Taggart
(b) Address: King City Mo.
19. (a) 7-2-44 (Date received local registrar) (b) F. A. Entchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1940, to June 28, 1944, that I last saw him alive on June 28, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia & Malnutrition	
Due to: Paralysis agitans	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 87C	

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: D. E. Blackstock (M. D.)
Address: King City Date signed: 2/30/44

(Licensed Embalmer's Statement on Reverse Side)

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AUG 22 1947

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address Kinvg City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.