

No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27876

State File No. _____

Registrar's No. 4

FILED SEP 9 1944
Registration District No. 1/77

Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Leota, Missouri
(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 _____ (Specify whether
In this community 77 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Leota, 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 David Lee Johnson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced DS

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

7. Birth date of deceased 11-19-1866
(Month) (Day) (Year)

8. AGE: 77 Years Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Johnson
13. Birthplace unk
(City, town, or county) (State or foreign country)

14. Maiden name Nancy McDaniel
15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Lair
(b) Address Hocomo, Missouri

17. (a) B (b) Date thereof 8-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nicks Cemetery

18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri

19. (a) 8731-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 1944
year hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 1944 to Aug 10 1944
that I last saw him in alive on about July 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 1

Due to _____

Due to _____

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

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 CA Beach MD (M. D. or other)
Address Ecycah, Mo Date signed 8-25-44

1125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

944465-

Date Filed

9-7-44

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

Licensed Embalmer No.

P. O. Address

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.