V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1944

Registration District No. 5598

Primary Registration District No. 6212

State File No.

Registrar's No. 14

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

108
0
0

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Schell City,~~ RURAL ~~[illegible]~~ BACON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Roscoe 93
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Clifford J. Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25, (Day) 1926 (Year)

8. AGE: Years 18 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Clarence Johnson 0
13. Birthplace Howard County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jessie Walden
15. Birthplace Benton County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jessie Crawford

(b) Address El Dorado Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Springs

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola, Missouri

19. (a) 8-22-44 (Date received local registrar) (b) Guley Stevenson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Accidental drowning

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)~~ 11.2

(b) Date of occurrence 8-20-44

(c) Where did injury occur? Vernon, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Osage River (Specify type of place)

While at work? (e) Means of injury Coroner

23. Signature C. Brotton Davis (M. D. or other)

Address Nevada, Mo. 3 Date signed 8-23-44

12.22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar Officer No. 7
District File Number 9-44-1141
Date Filed 10-10-44

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 H B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.