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5-17-39  
PC37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10558  
Registrar's No. 330

FILED MAR 20 1945

Registration District No. 3/6 Primary Registration District No. 6070

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

1. PLACE OF DEATH:  
St. Francois  
(a) County  
(b) City or town rural (Liberty)  
(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.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
Missouri St. Francois  
(a) State (b) County  
(c) City or town rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Harry Lawrence Johnson  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February 16  
year 1945 hour 10.20 a. M. minute M.

4. Sex M Color or race W  
5. (a) Single, widowed, married, divorced infant  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased August 10, 1944  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 9 1945 to Feb 16 1945  
that I last saw him alive on Feb 16 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
6 6 hr. min.

Immediate cause of death  
Cerebro-spinal Meningitis 2da.  
Due to lobar pneumonia 7 day

9. Birthplace Farmington rt 3 Missouri  
(City, town, or county) (State or foreign country)

Due to  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation  
11. Industry or business

Major findings:  
Of operations  
Of autopsy

12. Name Harry Lawrence Johnson  
13. Birthplace Farmington, rt 3 Mo.  
14. Maiden name Emma Amilda Helms  
15. Birthplace Washington city Mo.

Underline the cause of death should be charged statistically.  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant Harry Johnson  
(b) Address Farmington Missouri rt 3  
17. (a) Burial (b) Date thereof 2-18-45  
(c) Place: burial or cremation Lutheran Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Chicago  
(b) Address Farmington Mo  
19. (a) 2-17-45 (b) [Signature] (c) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature G. F. Walker (M. D. or other)  
Address Farmington Mo Date signed 2-17-45

RECEIVED

District Health Officer No. 4

District File Number 345-376

Date Filed 3-19-45

**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.**