

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12632
Registrar's No. 115

FILED MAY 14 1945
Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1825 S. First
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1825 S. First
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME George Washington Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30
 year 1945 hour 4:00 minute A M.
 21. I hereby certify that I attended the deceased from April 18
1945 to April 29 1945
 that I last saw him alive on April 29 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Inez Johnson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 17 1859
 (Month) (Day) (Year)

Immediate cause of death: Abscess of liver, acute Duration 6 days

8. AGE: Years Months Days If less than one day
86 0 13 hr. _____ min.

Due to Colitis, chronic ulcerative about 6 mo

9. Birthplace Unionville Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

Due to _____
 Other conditions (Include pregnancy within 3 months of death)
Semity without renal dementia

MOTHER FATHER

11. Industry or business _____
 12. Name James Johnson
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Albina Dickson
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 125
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Albina Dodson
 (b) Address Kirkville, Mo.
 17. (a) Burial (b) Date thereof 5/1/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Park

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)

18. (a) Signature of funeral director DEE Ruff
Kirkville, Mo.
 (b) Address _____
 19. (a) 5-4-45 (b) Mr. J. P. Wagner
 (Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury 0
 23. Signature A. F. Miller (M. D. or other) MD
 Address Kirkville, Mo Date signed 5-1-45

RECEIVED

District Health Officer No. 10

District File Number 5-45-850

Date Filed MAY 10 1945

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 D. E. Kelly

Licensed Embalmer No. 4181

P. O. Address Kennelwood

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.