

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34041

State File No.

FILED **OCT 29 1945**

Registration District No. 64

Primary Registration District No. 3032

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
408 So. Holden /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. NO
(Specify whether years, months or days)

In this community 30 Yrs!
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lloyd Benoni Johnston

3. (b) If veteran, name war No

3. (c) Social Security No. 800-20-8340

4. Sex Male (5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April 21 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 18
If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Fuller Brushes

12. Name W. F. Johnson

13. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Rogers

15. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Barnet

(b) Address 408 So. Holden Warrensburg

17. (a) Burial (b) Date thereof Oct 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cooper Co.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Oct 16 1945 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 408 So Holden
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Sept 22 1945 to Oct 19 1945
that I last saw her alive on Oct 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 6 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92K
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address Warrensburg Date signed 10/19/45

1001

OCT 31 1945

DEC 18 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 _____

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address. *Warrensburg 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.