

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42268
Do not use this space.

FILED JAN 15 1946

1. PLACE OF DEATH

(a) County Ripley Registration District No. 301
 (b) Township Doniphan Primary Registration District No. 6032
 (c) City / or (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2075
 91
 0
 0
 0

2. PRINT FULL NAME DONALD RAY JOHNSON.

(a) Residence, No. DONIPHAN (RURAL) St. (Usual place of abode, if no street address, write county or city)
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 20-1945
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9. 5.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Steele, Missouri. (STATE OR COUNTRY)

13. NAME Jesse Johnson,

14. BIRTHPLACE (CITY OR TOWN) Alton, Missouri. (STATE OR COUNTRY)

15. MAIDEN NAME Ora M. Muse,

16. BIRTHPLACE (CITY OR TOWN) Texas. (STATE OR COUNTRY)

17. INFORMANT Jessie Johnson, (ADDRESS) Bardley, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bardley, Mo. DATE 3-21-1945

19. FUNERAL DIRECTOR (NAME) F. E. Jordan, (ADDRESS) Doniphan, Mo.

20. FILED 12-27-1945 E. D. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1945

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Dec. 25-1945.
 I last saw him alive on Dec. 25-1945, at _____, Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. G. Fork M. D.
 (Address) DONIPHAN, MO.

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.

[Handwritten signature]
Embalmer

Signed *[Handwritten signature]*
Licensed Embalmer No. *3200*

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, above space should be left blank.