

No. 2
-8-13
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2048

FILED FEB 8 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 N. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 Years (Specify whether
In this community 62 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 507 N. Williams St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ARTHUR DEAN JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Hamilton Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 - 19 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 18 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Richard F. Johnson
13. Birthplace Virginia
14. Maiden name Margaret Jerrell Johnson
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Hamilton Johnson

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olivet Cemetery
(d) Signature of funeral director Palmer Funeral Service
Columbia, Mo.

(e) Address Jan 10, 1946 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1946 hour 11 minute _____ A. 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 Unknown Duration _____

Due to Natural Causes

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None ordered 2000
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 Jan 7 1946
(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) _____
While at work? _____ (e) Means of injury _____

23. Signature J. Ward Coroner
Address Columbia, Mo (M. P. number) _____
Date signed 1/8/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

2-7-46

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 *Thas L. Young*.....

Licensed Embalmer No. *4132*.....

P. O. Address *Columbia, 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.