

y. S. No. 2
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Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17764

FILED JUN 10 1946

3056

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Proberly

(c) Name of hospital or institution: 816 S. Clark 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 4 years.

In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 816 S. Clark
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WESLEY JOHNSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1946 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1945 to May 6th 1946

that I last saw him alive on May 6th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death asthma 20 yrs Duration _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Luvinia Johnson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August - 20 - 1875
(Month) (Day) (Year)

Due to Tuber culosis of Lungs 20

Due to _____

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

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

70 8 16 hr. _____ min.

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

10. Usual occupation Farmer (Retired)

MOTHER, FATHER

11. Industry or business _____

12. Name Jasper J. Johnson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Susan Skinner

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 136

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John W. Johnson

(b) Address 816 S. Clark Proberly Mo

17. (a) Burial (b) Date there May 8 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntville Mo.

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? _____

18. (a) Signature of funeral director Snow Funeral Home
(Specify type of place)

(b) Address Proberly Missouri

19. (a) May 6 - 46 (b) John Wesley Johnson
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Ash (M. D. or other)

Address Proberly Mo Date signed 5/6-46

264

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-46-1140

Date Filed JUN 6 1946

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.....

R M Carter

Licensed Embalmer No.....

4116

P. O. Address.....

Maoberly 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.