

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **21162**

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 42

1. PLACE OF DEATH:
(a) County PuTnam
(b) City or town Unionville Wilson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County PuTnam 86
(c) City or town Unionville 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME Paul Wilburn Johnson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month JUNE day 25
year 1946 hour 7 minute 30 P.M.

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Mabel R Johnson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased FEBRUARY - 18 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 12, 1946 to June 25, 1946, that I last saw him alive on June 25, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death acute dilatation of heart 2 minutes
Due to myocarditis & hypertrophy of heart
Due to myocarditis confirmed by X-Ray June 24-46
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace PuTnam County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation CHICKEN HATCHERY OWNER

11. Industry or business CHICKEN HATCHERY

12. Name John Wilburn Johnson

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

14. Maiden name Laura Bennett

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

16. (a) Informant Mabel P. Johnson

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof JUNE-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Constock Funeral Home

(b) Address Unionville, Mo. 24 J.W. Constock

19. (a) 6-30-46 (b) Mabel R. Johnson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
23. Signature Chas. R. Judd (M. D. or other) D.O.
Address Unionville, Mo. Date signed June 27 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

6
1
0

266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-46-1352

Date Filed JUL-12-1946

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 James W Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, Md

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.