

S. No. 2
M-5-43
. 5-17-39
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UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12394

State File No. _____

FILED APR 23 1947

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Andrew 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 widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	3	7	hr. _____ min. _____

9. Birthplace Bradley County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business _____

12. Name George Johnson

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Gladys Thomas

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 3-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grove

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

(b) Address Cassville Missouri

19. (a) Apr 7-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from June 5 1945, to Mar. 26 1947,
that I last saw him alive on Mar. 26 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Chronic Myocarditis 2 weeks 2 years

Due to Chronic Myocarditis 2 years

Due to _____

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

Major findings: Of operations 9.3 D

Of autopsy _____

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 E. E. McDaniel, M.D. (M. D. or other) _____

Address Cassville, Mo. Date signed 4/2/47

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

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

500

5
0
J
J

MOTHER FATHER

10

RECEIVED

District Health Officer No. 6,
District File Number 447-455
Date Filed APR 22 1947

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.....

H. A. Elkins

....., Registered Apprentice No. 495

working under my personal supervision.

Signed J. E. Cahier

Licensed Embalmer No. 3584

P. O. Address Cassville

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.