

FILED APR 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13259

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 97

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 S. WATER ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 13 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 110 S. Water St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1947 hour 1 minute AP M.

21. I hereby certify that I attended the deceased from Several years ago, 1943, to 4-10, 1947
that I last saw him alive on Several months ago and that death occurred on the date and hour stated above.

Immediate cause of death: Don't know
of Died very suddenly
Diagnosed him for
Bronchitis Chronic

Duration

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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 _____
(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. C. Peeler (M.D. or other) _____
Address Clinton Mo. Date signed 4/8/47

3. (a) PRINT FULL NAME MARVIN C. JOHNSON

3. (b) If veteran, name war NONE 3. (c) Social Security No. 500-10-586

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PEARL HOPKINS JOHNSON 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MAY 12 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 26 hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name DAKER JOHNSON

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

14. Maiden name Luciana Fletcher

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

16. (a) Informant Mrs. Maurine Johnson

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cemetery

18. (a) Signature of funeral director E. C. Peeler

(b) Address Clinton Mo.

19. (a) 4-9-47 (b) A. R. Kenney
(Date received local registrar) (Registrar's signature)

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

4-22-47

RECEIVED
District Health Officer No. 7,
District File Number 3-47-450
Date filed 4-17-47

APR 24 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~~

....., Registered Apprentice No.
working under my personal supervision.

Signed W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.