

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19877

State File No.

16

Registration District No. 324

Primary Registration District No. 6162

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone  
(b) City or town "Rural" Ruth Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 mi SW of Reed Springs, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Most of Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone /04  
(c) City or town "Rural" 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Reed Springs 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Washington Irving JOHNSON

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

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

6. (b) Name of husband or wife Jessie Johnson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 8, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 16 -- hr. -- min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Washington Johnson

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

14. Maiden name Jennie Manley

15. Birthplace Dom. of Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arlis Blevins

(b) Address Reed Springs, Missouri

17. (a) Burial (b) Date thereof 4-26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nickerson Cemetery

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

(b) Address Cassville, Missouri

19. (a) 5-22-1947 (b) Myrtle Goforth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th.  
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from mch 1  
1947 to mch 1 1947  
that I last saw him alive on mch 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death I saw her only once. His symptoms indicated cancer of the stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

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 L.S. Skumate (M. D. or other) MD

Address Reed Springs Mo Date signed 4/29/47

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

MOTHER FATHER

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

RECEIVED  
District Health Officer No. 6;  
District File Number 647-629  
Date Filed JUN 5 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

*J. C. Canada*

Licensed Embalmer No.

4196

P. O. Address

Cassville, 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.**