. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30341

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 252

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 305 Oak St. 1
(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 Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Oak St. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME FREDRICK JOHNSON
3. (b) If veteran, name war ..... 3. (c) Social Security No. ——

4. Sex Male 2 — 5. Color or race negro — 6. (a) Single, widowed, married, divorced ——
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 9-20-1947 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	—	7 hr. ..... min.

9. Birthplace Columbia Mo. (City, town, or county) (State or foreign country)
10. Usual occupation ——
11. Industry or business ——

FATHER
12. Name Johnnie Johnson
13. Birthplace Birmingham Ala. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessolyn Marshall
15. Birthplace Kansas City Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Jessolyn Johnson
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 9-24-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 21 day Sept.
year 1947 hour 5 — minute 10.9 M.
21. I hereby certify that I attended the deceased from Sept 21, 1947 to Sept 21, 1947
that I last saw him alive on Sept 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Premature birth — 7 Mos
Born at 11:20 PM 9-20-47
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1.59
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury? 0
23. Signature A W Kaufmann (M. D. or other)
Address Columbia Date signed 9-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 10-3-47
Date Filed

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~~ not .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Thos. P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.