

FILED NOV 5 1947

Registration District No. **38**

Primary Registration District No. **4219**

Registrar's No. **36**

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

1. PLACE OF DEATH:

(a) County **Hickory**
(b) City or town **Weaubleau**
(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 & location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 month** years, months or days

3. (a) PRINT FULL NAME **REGINA KAY JOHNSON**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **Sept. 17 1947**
(Month) (Day) (Year)

8. AGE: Years _____ Months **0** Days **1 2** If less than one day hr. _____ min. _____

9. Birthplace **Springfield Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Wayne Johnson**

13. Birthplace **Hickory Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Wright**

15. Birthplace **Hickory Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wayne Johnson**

(b) Address **Weaubleau Mo.**

17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation **Outsinger Cemetery**

18. (a) Signature of funeral director **L.H. Plummer**

(b) Address **Harrisonville, Mo.**

19. (a) **Oct 27-1947** (b) **W.R. Hargiss**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Hickory** **43**
(c) City or town **Weaubleau**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **19**
year **1947** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Sept. 17**
19**47** to **Oct. 19** 19**47**
that I last saw her alive on **Oct. 15** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Burned to death** Duration _____

Due to **accidental fire**

Due to _____

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

Major findings:
Of operations **4!**
Of autopsy **15**

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 _____ **43**
(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 **2**

23. Signature **H.R. Easton** (M. D. or other) **MD**
Address **Weaubleau Mo** Date signed **Oct. 30**

RECEIVED
District Health Officer No. 7
District file number: 18-117-1271
Date filed: 11-19-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34299

State File No.

No

FILED JUN 21 1948

Registration District No.

8

Primary Registration District No.

4219

Registrar's No.

36

1. PLACE OF DEATH:

- (a) County Hickory
 (b) City or town W. Leabean
 (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 one month _____ (Specify whether3. (a) PRINT FULL NAME Regina K. Johnson

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

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

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

7. Birth date of deceased Sept 17 1911
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Day _____ (less than one day) hr. _____ min. _____

9. Birthplace Smithfield Mo
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business

12. Name Wayne Johnson13. Birthplace Hickory Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Dorothy Knight15. Birthplace Hickory Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Wayne Johnson(b) Address Leabean Mo.17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Critzinger Cemetery13. (a) Signature of funeral director C. H. Brown(b) Address Permanente, Mo.19. (a) June 8, 1948 (b) H. P. Hargis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Hickory
-
- (c) City or town
- Leabean
-
- (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 1947 year, 15 day, 15 minute 15 P.M.21. I hereby certify that I attended the deceased from Sept 17 1947 to Oct 15 1947that I last saw him alive on October 15 1947 and that death occurred on the date and hour stated above.Immediate cause of death Burned to death Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 181Of autopsy 15

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) Accident(b) Date of occurrence Oct. 15, 1947(c) Where did injury occur? Leabean, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home of people they were visitingWhile at work? _____ (Specify type of place) (e) Means of injury Burned23. Signature H. R. Easton (M. D. or other) MDAddress Leabean, Mo. Date signed June 8, 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 5-48-630

Date Filed 6-18-72

AK

Quint

6

Handwritten notes