V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18834

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town ~~[illegible]~~ Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs, 11 mos, 22 dys. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway 14
(c) City or town 3 miles West of Fulton 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Johnson

3. (b) If veteran, name war Unk
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ~~Unknown~~ Feb. 3 1911 (Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name OREN. Johnson 0
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jannie Little Mott
15. Birthplace Boone County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Fulton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo
19. (a) 6-9-1948 (Date received local registrar) (b) Josie Morrow Kohl (Registrar's signature) 3X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 15
year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1 July, 1947, to 8 June, 1948; that I last saw him alive on 7 June, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. J. Miller f.g.s.o. (M. D. ~~or other~~)
Address Fulton, Date signed 8 June 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 5-5-, working under my personal supervision.

Signed: Glen Y. Mangum

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.