

S. No. 2
DM-5-43
v. 5-17-39
1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29481
State File No. _____
Registrar's No. 761

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (Rural) 2
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Lee Johnson

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

4. Sex Male 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 alive _____ years

7. Birth date of deceased Oct. 2 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name H. Clinton Johnson

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

14. Maiden name Anita Golightly

15. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. Clinton Johnson

(b) Address Route # 1 Springfield, Mo.

17. (a) Burial (b) Date thereof 9/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-14-48 (b) M.E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Viewed body, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound of brain
Due to _____

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

Major findings: Of operations _____

Of autopsy 184
15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Sept 13 1948

(c) Where did injury occur? R.R. Springfield, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home

While at work by one (Specify type of place) (e) Means of injury gun shot

23. Signature Loyd DeBartolo (M.D. or other) 2
Address: 219 1/2 E Walnut Springfield, Mo. Date signed 9/13/48
Corner Greene Co.

(Licensed Embalmer's Statement on Reverse Side)

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

9/28

MOTHER FATHER

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

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.....

Walter E. Hamette

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield 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.