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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1948
Registration District No. 2377

Primary Registration District No. 5948

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Ashley Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Ashley Mo 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Calvin Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 13
year 1948 hour _____ minute pm M.

21. I hereby certify that I attended the deceased from Nov 7th
Oct. 2nd 19 48 to Nov 13th 19 48
that I last saw him alive on Nov. 12th 19 48
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased: Sept. 13th 1846
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

102 2 4 _____ hr. _____ min.

9. Birthplace Warrenton Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Mill

11. Industry or business _____

MOTHER FATHER { 12. Name Miles Johnson

13. Birthplace no _____
(City, town, or county) (State or foreign country)

14. Maiden name Alice Williams

15. Birthplace No _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Curtis

(b) Address Mexico Mo

17. (a) Burial (b) Date thereof II-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 11-20-48 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Bill Robinson MD (M. D. or other) 0

Address Banking Bldg, Mo Date signed 11/12/48

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

RECEIVED

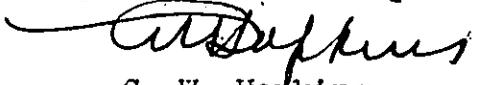
District Health Officer No. 10

District File No. 11-48-2031

Date Recd NOV 29 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, on the 17th day
of Nov 1948, Registered Apprentice No. _____,
working under my personal supervision.

Signed 
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.