

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40629**
Registrar's No. **51**

Registration District No. **174**

Primary Registration District No. **3035**

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

1. PLACE OF DEATH:

(a) County **Lafayette**

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

(c) Name of hospital or institution:
715 Main St
(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 **Lafayette**

(c) City or town **Lexington**
(If outside city or town limits, write "RURAL")

(d) Street No. **715 Main St**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Virgil Johnson**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4** year **1948** hour **new** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 9** **H**, 19**48** to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Ann Johnson** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Feb 27 1871**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage - sudden death.**

Due to **Arteriosclerosis -** _____ years

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	77	5	7	_____ hr. _____ min.

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

10. Usual occupation **Merchant**

11. Industry or business **Yacon**

MOTHER

12. Name **Samuel Johnson**

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

14. Maiden name **Jane Johnson**

15. Birthplace **unknown** (City, town, or county) (State or foreign country)

FATHER

16. (a) Informant **Mrs Mary A Johnson**

(b) Address **Lexington Mo**

17. (a) **Burial** (b) Date thereof **8-8-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springwood Mo**

18. (a) Signature of funeral director **Wright & Sons**

(b) Address **Lexington Mo**

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **83a**

Underline the cause to which death should be charged statistically.

19. (a) **10 Nov 48** (b) **Wm E Eastland**
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature **W. K. Appert** (M. D. or other) _____

Address **Nigginsville Mo** Date signed **11/19/48**

(Licensed Embalmer's Statement on Reverse Side)
Caranee Lafayette County

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-16-48

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. 4220

P. O. Address Springton, 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.