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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42229

FILED DEC 30 1948
Registration District No. 249

Primary Registration District No. 6177

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural Buchanan Twp.
(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) 1

(d) Length of stay: In hospital or institution: --- (Specify whether)

In this community Life (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Lee Burton Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Colyer Johnson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 29 1889
(Month) (Day) (Year)

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

58 11 20 hr. min.

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Wallace Johnson

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

14. Maiden name Violetta Knight

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

16. (a) Informant Mary Johnson

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Glenn E. Hunt

(b) Address Green City, Missouri

19. (a) 12-24-48 (b) Rena Catlett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 10.5

(c) City or town Rural Buchanan Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Buchanan Twp.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 15, 1948, to December 15, 1948, that I last saw him alive on December 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Essential Hypertension 145

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 830

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?

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

23. Signature R. J. Smith M.D. (M. D. or other D.O.)
Address Green City, Mo. Date signed 12/23/48

RECEIVED

District Health Officer No. 10

District File Number 12-48-2197

Date Filed DEC 8 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.....

Karl R. Kent....., Registered Apprentice No. 243

working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Shrew 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.