

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>State</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. (Benton)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. #5 - Benton</u>	
c. LENGTH OF STAY in this place <u>all his life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - R.F.D. 5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Egbert</u> b. (Middle) <u>EMMETT</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 1, 1875</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Adair Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>J. M. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Peigler</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>George E. Johnson</u> ADDRESS <u>Kirksville Mo. R.F.D. 1</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Hepatitis with yellow jaundice.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>5810</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2nd</u>	
22. I hereby certify that I attended the deceased from <u>November 28 1948</u> , to <u>January 27, 1949</u> , that I last saw the deceased alive on <u>Nov 20</u> , 1948, and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>1-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gratt</u>	24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-28-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	ADDRESS <u>Kirksville, Mo.</u>

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

RECEIVED

District Health Officer No. 10

District File No. 2-49-16

Date Filed FEB 2 - 1949

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 _____

Jack H. Woolley

Student Embalmer No. 772

working under my personal supervision.

Student
Student Embalmer

Signed *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Hicksville, 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.