

No. 300  
10.48

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22374  
Registrar's No. 38

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Washington</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>   |  |
| c. LENGTH OF STAY (In this place) <u>2 1/2</u>   |  | d. STREET ADDRESS (If rural, give location) <u>110</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | e. FULL NAME OF HOSPITAL OR INSTITUTION  |  |

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>James</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Johnson</u> |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>6-16-1949</u> |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>3-31-1885</u>                         | 9. AGE (In years last birthday) <u>64</u>                          | IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>                      |   | 11. BIRTHPLACE (State or foreign country) <u>Washington County</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |                               |   |   |  |  |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>Osborn Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Rene Gill</u> | 14. NAME OF HUSBAND OR WIFE <u>Myrtle</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>497-16-7774</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Johnson</u> ADDRESS <u>Potosi, Mo.</u> |
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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Endocarditis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocarditis</u><br>DUE TO (c) <u>from Coronary Thrombosis</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 6/1, 1949, to 6/16, 1949, that I last saw the deceased alive on 6/16, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. F. Russell M.D.</u> | 23b. ADDRESS <u>Potosi, Mo.</u> | 23c. DATE SIGNED <u>6/16/49</u> |
|--|---------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-19-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u> |
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|   |  |      |  |
|---|--|------|--|
| DATE REC'D BY LOCAL REG. <u>6/23/49</u> | REGISTRAR'S SIGNATURE <u>W. F. Russell</u> | 4405 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond R. Raper</u> ADDRESS <u>Funeral Home Potosi, Mo.</u> |
|---|--|------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-28-49

District Health Officer No. 4

District File Number 649-8

Date Filed.....

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *Mary M. Smith*

Signed.....

Student Embalmer

Licensed Embalmer No. 4394

P. O. Address *Potosi, 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.