

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35980

202

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6082		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arrow Rock			c. LENGTH OF STAY (in this place) 2 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arrow Rock			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles east Napton, Mo.				d. STREET ADDRESS (If rural, give location) 2 miles east Napton, Mo.			
3. NAME OF DECEASED (Type or Print) John		a. (First) William		b. (Middle) Johnson		c. (Last)	
4. DATE OF DEATH Oct. 25th, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH June 9th, 1892		9. AGE (in years last birthday) 57	
5. SEX Male		6. COLOR OR RACE White		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Saline Co. Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Saline Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles L. Johnson		13b. MOTHER'S MAIDEN NAME Carrie Gibson		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Forrest Johnson, Arrow Rock, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide, by hanging ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Has been ill DUE TO (c) health for years - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH E974X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Arrow Rock Miss Saline Mo.			
21d. TIME OF INJURY Oct. 25, 1949, 3:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? By hanging			
22. I hereby certify that I attended the deceased from alive on 10-25, 1949 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE P. L. Lawler, Coroner Saline Co. - Mo.				23b. ADDRESS Missall, Mo.		23c. DATE SIGNED 10-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Mo.	
DATE REC'D BY LOCAL REG. Oct. 26-1949		REGISTRAR'S SIGNATURE Sidney J Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE Campbell & Lewis - Marshall, Mo.	

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

OCT 31

RECEIVED

District Health Officer No. 8,

District File Number 1149 -

Date Filed 11-3-49

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.

Student _____
Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, W. Va.

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.