

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2357

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri.</u> <u>3008</u>	
c. LENGTH OF STAY (in this place) <u>6 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Center Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Johnson.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 12, 1904</u>
9. AGE (In years last birthday) <u>47</u>		10. UNDER 1 YEAR (Months) <u>4</u>	11. UNDER 2 MRS. (Hours) (Min.) <u>9</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>Farm Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Claud M. Johnson</u>	
13b. MOTHER'S MAIDEN NAME <u>Hattie Bloodgood</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Milton Evans.</u> ADDRESS <u>Center, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of Lungs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS - 2 Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>	
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)	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 <u>Aug 14, 1952</u> , to <u>Jan 9, 1952</u> , that I last saw the deceased alive on <u>Jan 8, 1952</u> , and that death occurred at <u>1:30A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. Brooks Jr.</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Center, Missouri.</u>	23c. DATE SIGNED <u>1-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutsville cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Stoutsville, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>1-10-52</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilson</u> <u>2670</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Curly</u> ADDRESS <u>Perry, Missouri</u>	

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

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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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Ferry, Missouri.

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.