

No. 2  
-12-40  
-17-39  
XZ3159

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14691**

Registration District No. **349**

Primary Registration District No. **5500**

Registrar's No. **8**

1. PLACE OF DEATH:  
 (a) County **Henry**  
 (b) City or town **Rural, Windsor Twp**  
 (c) Name of hospital or institution:  
**R. F. D # 2, Calhoun, Mo.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Henry**  
**Rural**  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R. F. D # 2, Calhoun**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Charles E. Johnson**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **20**  
 year **1941** hour **8:45** **AM** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Lois Buster Johnson**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **November 30, 1865**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 20**, 19**41**, to **Mar 20**, 19**41**,  
 that I last saw him alive on **Jan 20**, 19**41**,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>3</b>	<b>20</b>	hr. _____ min.

Immediate cause of death  
**Carcinoma of**  
**Large Intestine**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **Franklin County Missouri**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Farming**  
 11. Industry or business \_\_\_\_\_

Other conditions **Robert Pneumonia**  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER {  
 12. Name **William Johnson**  
 13. Birthplace **Franklin County Missouri**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary E. Hackmen**  
 15. Birthplace **St. Louis Missouri**  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Johnson**  
 (b) Address **Clinton, Missouri**  
 17. (a) **Burial** (b) Date thereof **3-22-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Windsor, Missouri**

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?  
**956** (Specify type of place) \_\_\_\_\_  
 While at work (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **Huston-Turner**  
 (b) Address **Windsor, Missouri**  
 19. (a) **April - 1 - 41** (b) **Mrs. Edith J. Simpson**  
 (Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or \_\_\_\_\_)  
 Address **[Signature]** Date signed **3-22-41**

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

RECEIVED

District Health Officer No. 7,

District File Number 6-41-731

Date Filed 5-2-41

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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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**