

S. No. 2  
-1447  
5-17-39

8730

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

FILED APR 7 1947

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution at home no 23  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. 616 E Jefferson  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ARLINGTON M. JOHNSON

3. (b) If veteran, name war.....

3. (c) Social Security No. 499-10-3258

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1947 hour 11 minute 45 P.M.

4. Sex M 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Morton Johnson

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Oct 13 - 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2  
1947 to April 2 1947  
that I last saw her alive on April 2 1947  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>5</u>	<u>19</u>	hr. .... min.

Inmediate cause of death Shock

Due to Burns

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace Henry Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

PHYSICIAN

Major findings:  
Of operations 181

Of autops: 15

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name M. E. La Hue

13. Birthplace Henry Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Birch

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant my Tom Smith

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 4-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-2-47

(c) Where did injury occur? CLINTON MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place  
While at work? Yes (Specify type of place)

(e) Means of injury fire

18. (a) Signature of funeral director Charles D. Keck

(b) Address Clinton MO

19. (a) 4-4-47 (b) R R Kenney  
(Date received local registrar) (Registrar's signature)

23. Signature Geo D Smith (M. D. or other) 1

Address Clinton MO Date signed 4-4-47

120

APR 29 1947

RECEIVED  
District Health Officer No. 7,  
3-47-284  
District File Number  
4-7-47  
Date Filed

APR 1 1948

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 R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.