

REG'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3151

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 591
(b) Township Walker Primary Registration District No. 5869 Registered No. 4
(c) City or
City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 525 John Robert Johnson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) W

FATHER 13. NAME Robert Johnson W

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) W

MOTHER 15. MAIDEN NAME Sarah Taylor W

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) W

17. INFORMANT Mrs Dell Melburn (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Lebanon DATE 1/16, 1939

19. FUNERAL DIRECTOR (NAME) Melburn & Medway (ADDRESS) California mo

20. FILED 7-16-, 1939 R.P. Popeye Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-5-, 1939, to 1-10-, 1939

I last saw him alive on 1-14-, 1939. Death is said to have occurred on the date stated above, at 12 A. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

10/20/38

Other contributory causes of importance:

Chronic valvular heart disease

Name of operation none Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R.P. Popeye, M. D.

504 (Address) California mo

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 *Hugh E Williams*
Licensed Embalmer No. *3537*
P. O. Address *California 27*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.