

S. No. 2
1-4-13-40
v. 5-17-39
1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4003
Registrar's No. 2

RECEIVED FEB 18 1941

Registration District No. 737

Primary Registration District No. 4441

89
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Camden Mo.
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Camden Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. U.S.A. years.

3. (a) PRINT FULL NAME Eugene P. Johnson
3. (b) If veteran, name war no
3. (c) Social Security No. 480-16-4467

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30 year 1941 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 30, 1941 to Jan 30, 1941 that I last saw him alive on Jan. 30, 1941 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Johnson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 28 th, 1870. (Month) (Day) (Year)

Immediate cause of death Apoplexy Duration 1 day

8. AGE: Years 70 Months 4 Days 2 If less than one day hr. _____ min.

Due to _____
Due to _____

9. Birthplace Lexington Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Minor

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. Hugh Johnson
13. Birthplace Ken. (City, town, or county) (State or foreign country)
14. Maiden name Amanda Holbrook
15. Birthplace Ken. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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

16. (a) Informant Hughie Johnson
(b) Address Omaha Neb.

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? _____ (Specify type of place) (e) Means of injury _____

17. (a) Camden Mo. (b) Date thereof 3-14-41. (Month) (Day) (Year)
(c) Place: burial or cremation Camden Mo.

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo.

23. Signature J. J. Cook (M. D. or other) M.D.
Address Richmond Mo. Date signed _____

19. (a) 2/11/41 (b) D. Campbell, m.d. (Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 8,
District File Number
2-15-41
Date Filed

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....
J.B. Brothers

Licensed Embalmer No. **2001**

P. O. Address **Richmond 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.