

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

44597
Do not use this space.

1. PLACE OF DEATH

(a) County Saline 3 Registration District No. 798
(b) Township Blackwater 1 Primary Registration District No. 6042 Registered No. _____
(c) 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

525 FRANCIS JOHNSON

(a) Residence, No. _____ 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 White 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) Nov 19 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 1 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensacola Florida 1

FATHER 13. NAME Wm Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mo. Training School Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston, Tex. DATE Jan 2 1939

19. FUNERAL DIRECTOR (ADDRESS) Short McCrary Marshall, Mo.

20. FILED Dec 30 1938 E. A. Ghiswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from HELD INQUEST, 1938, to 1-1-39, 1939.

I last saw him alive on _____, 1938. Death is said to have occurred on the date stated above, at 7 P.M.

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

DROWNING BY THE CAR IN WHICH HE WAS RIDING STRIKING THE BRIDGE RAIL AND PLUNGING INTO THE CREEK BELOW

Other contributory causes of importance: 210 W - 21

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: ACCIDENT Date of injury _____, 1938
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) B. C. Bradshaw, M. D.

700 (Address) ARROW ROCK Mo.
700 CORNER OF SALINE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, K.P.M. Gray, Licensed Embalmer No. 3153

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed K.P.M. Gray
Licensed Embalmer No. 3153

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.)