

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

37410

Do not use this space.

1. PLACE OF DEATH
 (a) County Stone Registration District No. 843
 (b) Township Washington Primary Registration District No. 6106
 or City City (d) Street No. _____ St.
 (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 Lex Card 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lex E Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mail messenger
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1-29 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisy Ark

FATHER 13. NAME A. S. Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME S. Shephard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claytonville Ark

17. INFORMANT (ADDRESS) Mrs. Lex Johnson
Salena, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem DATE Oct 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Everett J. Cheatham
Salena Mo.

20. FILED Oct 7, 1939 Nellie Irons
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6 1939

22. I HEREBY CERTIFY, That I saw him attended deceased from after death, 1939, to _____, 1939.
 I last saw him _____ alive on _____, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Suicide from gunshot in own home

Other contributory causes of importance: 167

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 10/6, 1939
 Where did injury occur? Stone County Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Pistol
 Nature of injury Shot in right temple

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Georg H. Menlove Carver M.D.
 (Address) Osborne, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2289

Date Filed NOV 9 1939

DEC 17 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. ~~3876~~

working under my personal supervision.

Signed

Ernest J. Cheatham

Licensed Embalmer No.

3876

P. O. Address

Galena, 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, above space should be left blank.