

V. S. No. 2
50M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **31**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **DuBois**
(c) Name of hospital or institution **State Hospital No 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 m 13 d**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Lupus**
(If outside city or town limits, write "RURAL")
(d) Street No. **24**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME: **Lee Roy Johnson**
3. (b) If veteran name war: **3. (c) Social Security No.:**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **14** year **1945** hour **3** minute **10** M.
21. I hereby certify that I attended the deceased from: **2-14-1945** to **2-14-1945**
that I last saw him alive on **2-14-1945** and that death occurred on the date and hour stated above.

4. Sex: **Male** **5. Color of race:** **White**
6. (a) Single, widowed, married, divorced: **Single**
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: **June 21 1884**
(Month) (Day) (Year)

Immediate cause of death: **Suicide by Hanging**
Due to: **Psychoneurosis**
Due to:

8. AGE: Years **60** Months **7** Days **23**
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings: **1642**
Of operations
Of autopsy

MOTHER FATHER

9. Birthplace: **Moniteau County MO**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Latimer**
11. Industry or business:
12. Name: **Jeane Johnson**
13. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name: **Lucie Haskie Nelson**
15. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant: **Record**
(b) Address
17. (a) Removal: (b) Date thereof: **2-15-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Hickam Cem**
18. (a) Signature of funeral director: **C. G. Hornbeck**
(b) Address: **Prayer Home mo**
19. (a) 2-15-1945 (b) **Josie Mosenhoff**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): **Suicide by hanging**
(b) Date of occurrence: **2-14-45**
(c) Where did injury occur? **DuBois Callaway Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
on grounds of State Hospital No 1
While at work: **at hospital** (Specify type of place) (e) Means of injury: **Hanging**
23. Signature: **George W. Reers** (M. D. or other)
Address: **DuBois MO** Date signed: **2-14-45**

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

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-10-45

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 C. A. Hornbeck
Licensed Embalmer No. 2714
P.O. Address Paris, Home 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.