

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28402**
Registrar's No. **57**

FILED SEP 10 1947
Registration District No. **234**

Primary Registration District No. **3046**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Moniteau Co**
(b) City or town **California, Mo Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Latham Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
In this community **7 Days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau 68**
(c) City or town **California, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **City**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT' FULL NAME **Gary Neil Johnson**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **26** years **1947**
7. Birth date of deceased **August 26 1947**
(Month) (Day) (Year)

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

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

10. Usual occupation
11. Industry or business
12. Name **Roy Johnson**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Hazel Williams**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Johnson**
(b) Address **Brown Mo**
17. (a) **Burial** (b) Date thereof **Sept 3/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **High Point Cem**
18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo**
19. (a) **9-3-47** (b) **H.R. Popejoy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **2nd**
year **1947** hour **4** minute **P.M.**
21. I hereby certify that I attended the deceased from **Aug 26**
1947, to **Sept 2nd** **1947**
that I last saw him alive on **Sept 2nd** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Congenital deformity of heart - patent foramen ovale
Due to **swale**

Other conditions (include pregnancy within 3 months of death)
Major findings: **157E**
Of operations
Of autopsy

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?
While at work? (Specify type of place)
(e) Means of injury

23. Signature **Kenyon Latham** (M. D. or other)
Address **California Mo** Date signed **9-3-47**

Date Filed 9/2/47

District File Number _____

District Health Officer No. 9,

RECEIVED

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.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.