

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1864

State File No. 4
Registrar's No. 20

Registration District No. 221

Primary Registration District No. 5793

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town WINN TWP. Lufus mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community 46 years
years, months or days)

3. (a) PRINTED FULL NAME IRVIN JOHNSON

3. (b) If veteran, name war. 3. (c) Social Security No. No.

4. Sex MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Florence Johnson 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased 4 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 26 hr. min.

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

10. Usual occupation LABORER

11. Industry or business

12. Name JESSE G JOHNSON

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MALE NELSON

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Herbert Little

(b) Address Family Hook 7770

17. (a) BURIAL (b) Date thereof 1-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEM.

18. (a) Signature of funeral director G. Albert Hornbeck

(b) Address Prairie Home mo

19. (a) Jan 30-47 (b) Eda M. Snow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town Lufus mo.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 47 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Hanging - suicide Duration 1

Due to -

Due to -

Other conditions Heart murmur
(Include pregnancy within 3 months of death)

Major findings: 164A
Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 1-27-47

(c) Where did injury occur? Lufus Montau mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (wood shed) (Specify type of place)

While at work? No (e) Means of injury Rope

23. Signature J. H. June (M. D. or other) 3

Address 14pton mo Date signed 1-27-47

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

68
0
0

Date Filed 2-8-47
District File Number _____
County Health Officer No. 3

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. Albert Hornbeck

Licensed Embalmer No. 2714

P.O. Address Regina, Home me

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.