

1938 JAN 11 1938

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

42792
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3013 Registered No. 59
 (c) City Cameron (d) Street No. 310 West Cornhill St. 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

525 Kay Lajune Johnson
 (a) Residence, No. 310 W. Cornhill St. Cameron St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Sept. 16, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo

FATHER 13. NAME Eric W. Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.

MOTHER 15. MAIDEN NAME Florence Smith.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Clara Stucker Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE San Antonio Mo DATE 12/17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland Cameron

20. FILED 12/17 1938 D. B. K. Riley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1938, to Dec 16 1938
 I last saw him alive on Dec 16 1938 Death is said to have occurred on the date stated above, 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset
Influenza
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? X
 If so, specify _____ (Signed) _____, M. D.

(Address) Cameron, 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.

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, _____

Arthur H. Doolen

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Arthur H. Doolen*

Licensed Embalmer No. *4032*

P. O. Address *Cameron, 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.