

REC'D JUN 13 1939

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

19649
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 774
 (b) Township " Primary Registration District No. 465 Registered No. 871
 (c) City Flat River, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Little Norma Ruth Johnson
 (a) Residence, No. Flat River, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White-Cauc</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Chief</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chief</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14-1939</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Chief</u>	
	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)	11. Total time (years) spent in this occupation <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River, Mo.</u>		
FATHER	13. NAME <u>Mr. Lee E. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison, Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Edna Mc Wapshy Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne County, Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mr. & Mrs. Lee E. Johnson, Flat River, Mo. Father & mother.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park View, Springfield, Mo.</u> DATE <u>May 31, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Alvin W. Hood, Flat River, Mo. 697</u>		
20. FILED <u>6/1, 1939</u> <u>O. B. Barrar, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1939 to 5-29, 1939
 I last saw h. Dead when arrived Death is said to have occurred on the date stated above, at 8:40 P.
 The principal cause of death and related causes of importance were as follows:
Don't know
Probably an intestinal trouble
 Date of onset _____

Other contributory causes of importance: 200 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____ (Signed) O. B. Barrar, M. D.
 (Address) Flat River, 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, Alvin W. Hood, Licensed Embalmer No. 2780

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Musey

L. E.

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

Signed Alvin W. Hood - J. R. R. m

Licensed Embalmer No. _____

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.)