

FILED FEB 15 1940

Registration District No. 408

Primary Registration District No. 5565

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community since birth (Specify whether years, months or days) 1939

3. (a) PRINT FULL NAME JEANETTE JOHNSON
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased September 5 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Jasper Co. Carthage, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Garbett Johnson
13. Birthplace Highland County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Rowton Arkansas
15. Birthplace Carl County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. P. Parks
(b) Address 608 S. Benson Stamford Tex.

17. (a) Burial (b) Date thereof Jan. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director Ed. Hill
(b) Address Carthage

19. (a) Jan. 25, 1940 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4, Carthage
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1940 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from 1/24/40, 19____, to 1/25/40, 19____; that I last saw her alive on 1/24/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Pestises
Due to Baby
Other conditions Dehydration
(Include pregnancy within 3 months of death)

Duration Unknown
3 weeks
Much
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
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) (b) Means of injury !
23. Signature E. J. McIntire (M. D. or other) _____
Address 204 Street, Carthage Mo. Date signed 1/25/40

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-2193

Date Filed FEB 13 1940

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 Emmal R. Kneef
Licensed Embalmer No. 391
P. O. Address Waltham

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.