

FILED JUN 6 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19164**

Registration District No. **653**

Primary Registration District No. **4390**

Registrar's No. **43**

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town Hayti  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rail road track **3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community one day

**8. (a) PRINT FULL NAME** Joe Johnson 525

**3. (b) If veteran, name war** no **3. (c) Social Security No.** none

**4. Sex** male **5. Color or race** col. **6. (a) Single, widowed, married, divorced** married

**6. (b) Name of husband or wife** wife **6. (c) Age of husband or wife if alive** 38 years

**7. Birth date of deceased** April 4 1908  
(Month) (Day) (Year)

**8. AGE:** Years 42 Months 6 Days 5  
If less than one day hr. min.

**9. Birthplace** Barfield Ark.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** day labor

**11. Industry or business** Farming

**12. Name** William Johnson

**13. Birthplace** Jefferson Co. Miss.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Bessie Simpson

**15. Birthplace** Barfield Miss.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** W. M. Johnson

**(b) Address** Sikeston Mo. 205 Dorley St

**17. (a) Burial** **(b) Date thereof** 5-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Pemiscot Co. Fam.

**18. (a) Signature of funeral director** County Ad. All

**(b) Address** Hayti Mo.

**19. (a) 5/10/40** **(b) P. Carl Kelley**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 9  
year 1940 hour 4 minute 20 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 Left leg crushed from the knell down the loss of blood is cause of death  
Due to this man tried to catch a train

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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

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

(b) Date of occurrence May 9 1940

(c) Where did injury occur? Hayti Pemiscot Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Jessie R. R. tracks  
(Specify type of place)

While at work? no (e) Means of injury \_\_\_\_\_

**23. Signature** Jack Kelley **(M. D. or other)** coroner

**Address** Hayti Mo. **Date signed** 5/9/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

840

5

6-40-7

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**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.....

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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19164

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Registration District No. 653

Primary Registration District No. 4390

Registrar's No.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
DOWENA MOORE

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayti  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pemiscot  
(c) City or town Hayti  
(If outside city or town limits write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME

Ike Johnson

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

4. Sex m 5. Color or race col 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive 1908 year

7. Birth date of deceased apr-4 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 42 1 5 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal), (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 5/10/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 9 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Jack Kelley (Physician or other)

Address Hayti Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-19164