

Registration District No. 053

Primary Registration District No. 5864

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Rural 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 3  
In this community 4 Yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Hayti Rural  
(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 Joseph F. Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Effie Johnson 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. 7 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business farming

12. Name Jim Johnson

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

14. Maiden name unknown

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

16. (a) Informant R.L. Johnson

(b) Address Hayti Mo.

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

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1940 hour 6 minute 45 P.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 accidentally burned to death caused by a car running into his wagon

Due to causing an oil can to explode throwing oil over this man.

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) accident

(b) Date of occurrence Oct. 4 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? Highway 84 west of Hayti

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

23. Signature Jack Kelley Cor. (M.D. or other) \_\_\_\_\_  
Address Hayti Date signed 10/5

Direction

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11-40-23

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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.**