

No. 2
4-13-40
1-17-39
1 X2315

JAN 20 1941

State File No. _____

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 164

DEC-26-1940

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town Charleston,
 (c) Name of hospital or institution: 210 Vine Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 months (Specify whether)
 years, months or days 3

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town E. St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1415 E. Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME America Isabel Johnson
 3. (b) If veteran, name war X X X 3. (c) Social Security No. X X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 13th.
 year 1940 hour 12 minute 45 P. M.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James Johnson 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Dec. 12 1890
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/29, 1940, to Dec 13, 1940;
 that I last saw h. ER alive on Dec 12, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 0 Days 1 If less than one day
 hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration 1 mo

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

Due to hypertension P. K.
 Due to _____

10. Usual occupation House wife
 11. Industry or business At home

Other conditions g. 110
 (Include pregnancy within 3 months of death)

12. Name John Winston
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene Johnson
 (b) Address 1415 E. Broadway, St. Louis

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-17-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove- Charleston

(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? 145

18. (a) Signature of funeral director Lair-Nunnelee Service
 (b) Address Charleston, Missouri
 19. (a) 12-18-40 (b) J. J. Vernon
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Chas Johnson (M. D. or other) _____
 Address Charleston Mo. Date signed 12/17/40

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

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

John H. Munnick Jr.

Licensed Embalmer No. *3857*

P. O. Address *Charleston, W. Va.*

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, fact should be so stated above.