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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43417
Registrar's No. 109

Registration District No. _____ Primary Registration District No. 5866

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Near Portageville, Mo. (Rural)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Yes years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Portageville, Mo. RE 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

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

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced, redivorced
6. (b) Name of husband or wife Arch Johnson 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Oct 16 1899
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business No

12. Name John Morris

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

14. Maiden name Maud Smith

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

16. (a) Informant Arch Johnson, husband

(b) Address Portageville, Mo., P #0

17. (a) Burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camtherville mo

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

(b) Address Hwy. 10

19. (a) 12/22/40 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 21, year 1940 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Only on Dec., 20, 1940 to _____, 19____; that I last saw her alive on Dec., 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Arteriosclerosis

Due to Indefinite, no blood test made or known
Other conditions Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) IVO

(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? 946

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

23. Signature A. A. Ruesler (M. D. or other) _____

Address Portageville, Mo. Date signed 12/21/40

1-41-16

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 *Jack Kelly*
.....
Licensed Embalmer No. *3788*

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, fact should be so stated above.