

FEB 17 1941

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lithouron (Route)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community SM 54-180 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gloriaston Johnson

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

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

6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 13 1935 (Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Salemon Johnson

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

14. Maiden name Grace Dunbar

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

16. (e) Informant Grace Driver

(b) Address Lithouron Mo

17. (a) Burial (b) Date thereof Feb 2 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation catina

18. (a) Signature of funeral director F. Richards Jr
(b) Address New Madrid Mo

19. (a) 2-3-1941 (Date received local registrar) (b) W. W. Cannon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid
(c) City or town Lithouron (Route) 72
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1941 hour 10 minute 9 A. M.

21. I hereby certify that I attended the deceased from Jan 27 to Jan 31 1941 that I last saw her alive on Jan 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Toxic
Due to toxic

Due to 35

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

Duration

1 week

3 weeks

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) _____

(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? _____

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

23. Signature W. W. Cannon (M. D. or other) _____

Address Lithouron Mo Date signed 2-1-41

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.....

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.