

3, No. 11-1-39 5-17-39 -1 X21492

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

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **127**

**1. PLACE OF DEATH:**  
 (a) County Butler  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
920 Hart st.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

**3. (a) PRINT FULL NAME.** Annie Johnson  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married,** 1 divorced married  
**6. (b) Name of husband or wife** William Johnson **6. (c) Age of husband or wife if** 50 years  
**7. Birth date of deceased.** July 8 - 1893  
 (Month) (Day) (Year)

**8. AGE:** Years 47 42 Months 8 Days 2 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace.** Butler Co mo. 0  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**11. Industry or business**  
**12. Name.** Oliver Gilbert  
**13. Birthplace** unknown  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Taylor  
**15. Birthplace** North Carolina  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Loras Russell  
**(b) Address** Poplar Bluff Mo

**17. (a) Burial** Burial **(b) Date thereof** 3/11-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation.** city

**18. (a) Signature of funeral director.** Frank Mortuary  
**(b) Address** Poplar Bluff Mo

**19. (a)** 3/12/41 **(b)** Kate Lutz  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Butler  
 (c) City or town Poplar Bluff Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Shilo District  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Mar day 9  
 year 1941 hour 6 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** Dec 9, 1940 to Dec 9, 1940  
 that I last saw her alive on Dec 8, 1940  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Uremia  
 Due to Cancer Kidneys

**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?  
at home

**23. Signature** J. J. Smith (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff Mo Date signed Mo

**Physician** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

**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. 6431

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Paplar Bluff  
(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..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Annie Johnson

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

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

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

7. Birth date of deceased July 8 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 8 If less than one day 1 hr. 21 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) 5/2/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (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.

DEATH CERTIFICATION

20. DATE OF DEATH Month Mar day 9  
year 1941 hour..... minute..... 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.....

Due to.....

Due to.....

Other conditions..... (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).....

(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?

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

23. Signature J Lee Harwell (M. D. or other).....

Address Paplar Bluff Date signed 4/10

SUPPLEMENTARY

S-6431