MO APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10870

Registration District No. 390 Primary Registration District No. 3342 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Rural, Union (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Minimum Mo. (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) In this community

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

3. (a) PRINT FULL NAME Polly Merle Johnson
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex fem
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife #
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 4, 1934 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
6	5	19	hr. min.

9. Birthplace Redford Mo. (City, town, or county) (State or foreign country)
10. Usual occupation school girl
11. Industry or business
MOTHER FATHER
12. Name Benjamin Johnson
13. Birthplace Reynolds Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Stacey Sutton
15. Birthplace Iron County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ben J. Johnson
(b) Address Annapolis Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Annapolis Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address A. S. White Ironton Mo.
19. (a) 4-18-41 (Date received local registrar) B. C. Gruler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1941 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb. 22, 1941, to Feb. 23, 1941; that I last saw he alive on Feb. 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis	Duration
Due to Burns	
Pneumonia	
Due to Burns	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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) 0
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. M. Fitzpatrick (M. D. or other) M.D.
Address Leasburg Mo Date signed 2/26/41

(Licensed Embalmer's Statement on Reverse Side)

151-
99

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10870

Registration District No. 390 Primary Registration District No. 3542 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Simon T. P.
(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
In this community years, months or days)

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.

3. (a) PRINT FULL NAME Pally Merle 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 S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 6 Months 15 Days 19 If less than one day hr. 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)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis
Due to Burns
Pneumonia
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

181
15

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: accident
(a) Accident, suicide, or homicide (specify) clothing caught fire burning body causing death
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

1941
5-10870