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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11599

Registration District No. 651

Primary Registration District No. 1862

Registrar's No. 71

1. PLACE OF DEATH:

(a) County De Witt  
(b) City or town Rural Little Prairie  
(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 Missouri (b) County De Witt  
(c) City or town "Rural" Little Prairie  
(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 Jerry Johnson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race Black 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oles Lee Johnson 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Aug. 12, 1917  
(Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Father

12. Name Walter Johnson

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

14. Maiden name Emma  
(City, town, or county) (State or foreign country)

15. Birthplace 7 Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oles Lee Johnson  
(b) Address Cauthersville, Mo.

17. (a) De Witt (b) Date thereof 3-12-41  
(Burial, or \_\_\_\_\_) (Month) (Day) (Year)  
(c) Place: burial or cremation county farm

18. (a) Signature of funeral director Friends  
(b) Address Cauthersville, Mo.  
19. (a) March 13, 1941 (b) A. A. Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1941 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Jan. 6, 1941 to March 5, 1941; that I last saw him alive on March 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, acute

Due to Cholecystitis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 127

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? \_\_\_\_\_

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

23. Signature W. H. Hipp (M. D. \_\_\_\_\_)  
Address Cauthersville, Mo. Date signed 3/12/41

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

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

4-41-4

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**