

No. 2  
4-13-40  
5-17-39  
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FILED MAY 20 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14450

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County: Dunklin Mo.  
 (b) City or town: Rural  
 (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: Dunklin  
 (c) City or town: Rural  
 (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: Martha Jane Johnson  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 14  
 year 1941 hour 9:30 minute 8 M.

4. Sex: ♀  
 5. Color or race: W  
 6. (a) Single, widowed, married, divorced: married  
 6. (b) Name of husband or wife: Albert Johnson  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Nov. 6 - 1873  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 unattended by a physician that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Acute Myo Cardial failure  
 Due to: \_\_\_\_\_  
 Due to: Myo Carditis 1939

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

Other conditions (include pregnancy within 3 months of death):  
 Major findings: 93A  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

10. Usual occupation: Housework  
 11. Industry or business:  
 12. Name: W. G. Dial  
 13. Birthplace: not known  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: not known  
 15. Birthplace: \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant: Mrs. C. B. Scott  
 (b) Address: Summit Mo.  
 17. (a) burial (Burial, cremation, or removal) Date thereof: 4-16-41  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation: Summit  
 18. (a) Signature of funeral director: Mrs. Bessie F. ...  
 (b) Address: Summit, Mo.  
 19. (a) May 11 1941 (Date received local registrar)  
 (b) A. J. McNeill (Registrar's signature)

23. Signature: George G. ... (M. D. or other)  
 Address: Corning Dunklin Date signed: 4-15-41

Summit 7720

RECEIVED

District Health Officer No. 2,

District File Number 541-653

Date Filed 5/16/41

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

*H. L. Gooch*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*H. L. Gooch*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4106  
Smith*

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.