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3-40  
7-39  
X23159

Registration District No. **449**

Primary Registration District No. **4267**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **LACLEDE**

(b) City or town **LEBANON**

(c) Name of hospital or institution: **WALLACE HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 A.R.** (Specify whether)

In this community **1 DAY**  
years, months or days)

3. (a) PRINT FULL NAME **ROBERT FRANKLIN JOHNSON**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife **FERN HARKER**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MAR 1 1912**  
(Month) (Day) (Year)

8. AGE: Years **29** Months **1** Days **14** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **CLINTON 1 ARK**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **COLUMBUS JOHNSON**

13. Birthplace **CLINTON 1 ARK**  
(City, town, or county) (State or foreign country)

14. Maiden name **SALLY FOLKS**

15. Birthplace **CLINTON 1 ARK**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lewis Johnson**

(b) Address **Clinton Ark.**

17. (a) **Burial** (b) Date thereof **4-16-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clinton Ark.**

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

(b) Address **Marshall Ark 404**

19. (a) **4-16-41** (b) **J. A. McCoubert**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ARK** (b) County **VAN BUREN**

(c) City or town **CLINTON**  
(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.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **15**  
year **1941** hour **12** minute **Noon** 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 **Fractured Skull** Duration \_\_\_\_\_

Due to **Punctured with screw driver**

Due to \_\_\_\_\_

Other conditions **167**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) **HOMICIDE**

(b) Date of occurrence **APR 15 1941**

(c) Where did injury occur? **Highway 66 LACLEDE Co MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**ON US-HIGHWAY 66**  
(Specify type of place) (e) Means of injury **screw driver**

23. Signature **J. A. McCoubert** (M. D. or other) **CORNER**

Address \_\_\_\_\_ Date signed **4-16-41**

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

RECEIVED

District Health Officer No. 7;

District File Number 5-41-830

Date Filed 5-9-41

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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.....

*W. A. Palmer*

Licensed Embalmer No. 1161

P. O. Address. Lebanon Mo

**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.**