DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15512

Registration District No. 684 Primary Registration District No. 4408 Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Pike

(b) City or town Bowling Green (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 Pike 82

(c) City or town Bowling Green (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 Cornelia Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Abraham Johnson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug (Month) 11 (Day) 188 (Year)

8. AGE: Years 54 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Bell
13. Birthplace Pike Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Malissa Hobbs
15. Birthplace Pike Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature [illegible]

(b) Address Bowling Green, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director Grace Burkhead

(b) Address Bowling Green, Mo

19. (a) 4-9-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 4 year 1941 hour minute 7 a. M.

21. I hereby certify that I attended the deceased from March 5, 1941, to April, 1941; that I last saw her alive on March 30, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculosis | yr |
| Due to | |
| Due to 1313 | |
| Other conditions (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)

(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 [illegible] (M. D. or other) [illegible]

Address Bowling Green Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District Filo Numbor 5-41-868
Dato Filod MAY - 8 1941

**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 Grace Burkhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Ky

**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.**