

Registration District No. **266**

Primary Registration District No. **5278**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Dent**

(b) City or town **Watkins typ**

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

(d) Length of stay: In hospital or institution **X**
(Specify whether years, months or days)

In this community **all his life**

3. (a) PRINT FULL NAME **John E Johns**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Amma Cooley**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Nov 25 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **19**

If less than one day **hr. min.**

9. Birthplace **Dent Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **X**

MOTHER FATHER

12. Name **Enoch Johns**

13. Birthplace **-- 0 Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Jane Stiles**

15. Birthplace **xxx 0 Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **E E Boyd**

(b) Address **Salem Mo**

17. (a) **burial** (b) Date thereof **May 15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Round Pond Cem**

18. (a) Signature of funeral director **W. Z. Spencer**

(b) Address **Salem Mo**

19. (a) **May 15 1941** (b) **A. E. Butler, Md.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dent 33**

(c) City or town **Watkins typ 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural X 0**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **XX 0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1941** hour **4** minute **20 A** M.

21. I hereby certify that I attended the deceased from **5-4-41**, 19____, to **5-9-41**, 19____;
that I last saw him alive on **5-9-41**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis ?**

Due to _____

Due to **12/2**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? **240**

(Specify type of place) _____
While at work? _____ (e) Means of injury **2**

23. Signature **Jes D. ...** (M. D. or other) **DD**

Address **Salem Mo** Date signed **5-15-41**

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

RECEIVED

District Health Officer No. 5,

District File Number 6411724

Date Filed _____

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, fact should be so stated above.