

FILED AUG 14 1941

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town WYATT, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DELMO LABOR HOME # 69  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ALL OF LIFE years, months or days

3. (a) PRINT FULL NAME THOMAS ALLEN JOHNSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

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

7. Birth date of deceased FEBRUARY 22 1939  
(Month) (Day) (Year)

8. AGE: Years 2 Months 5 Days 8 If less than one day hr. min.

9. Birthplace UNITY ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

12. Name EDWARD JOHNSON

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

14. Maiden name BONNIE BARBER

15. Birthplace LINDEN TENNESSEE  
(City, town, or county) (State or foreign country)

16. (a) Informant EDWARD JOHNSON

(b) Address WYATT, MISSOURI

17. (a) BURIAL (b) Date thereof JULY 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON

18. (a) Signature of funeral director J. J. [unclear]

(b) Address Charleston, Missouri

19. (a) 8-2-41 (b) J. J. [unclear]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town WYATT, MISSOURI  
(If outside city or town limits, write "RURAL")  
(d) Street No. DELMO LABOR PROJECT  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1941 hour 11:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 7/15, 1941, to 7/30, 1941;  
that I last saw h. alive on 7/27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema (chest rt)  
Due to Lobar Pneumonia  
Due to \_\_\_\_\_

Other conditions Anterior Polio-myelitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 36  
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) (M. D. or other) \_\_\_\_\_  
23. Signature E. Chest [unclear] (M. D. or other) \_\_\_\_\_  
Address Charleston, Miss Date signed 7/31/41

RECEIVED

District Health Office No. 2

Hygiene File Number 841-1080

License No. 8-12-41

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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

*Not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.