No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28234

Registration District No. 288

Primary Registration District No. 5406

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town White Oak

(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 —

In this community 0 — 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 012

(a) State Missouri (b) County Butler 7

(c) City or town Poplar Bluff 3

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Arthur Johnson Jr.

3. (b) If veteran, name war —

3. (c) Social Security No. 490-03-3002

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jinny Lou Johnson

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

7. Birth date of deceased March (Month) 28 (Day) 1919 (Year)

8. AGE: Years 22 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Arthur (City, town, or county) IND-1 (State or foreign country)

10. Usual occupation Musician —

11. Industry or business —

FATHER
12. Name Arthur Johnson
13. Birthplace unknown (City, town, or county) — 9 (State or foreign country)

MOTHER
14. Maiden name Mollie J. Barrett
15. Birthplace unknown (City, town, or county) — 9 (State or foreign country)

16. (a) Informant Paul Johnson

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director W. C. Croy

(b) Address Poplar Bluff, Mo.

19. (a) 8-6-41 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

8-6-41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 6 minute 15 P.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; Shock; Loss of Blood

Due to (death resulted immediately)

Due to Injuries Received in Auto Accident

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170C 6

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 24, 1941. 036

(c) Where did injury occur? White Oak - Dunklin - Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (highway) (Specify type of place)

While at work? No (e) Means of injury Collision

23. Signature Carl Lemonds Justice of the Peace & Acting Coroner of Dunklin County (M. D. or other) Date signed 7-26-41

~~Address~~ Kennett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 941-129
Date Filed 9-17-41

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.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.