

FILLED OCT 22 1941

Registration District No. 284

Primary Registration District No. 5404 B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Holcomb Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Holcomb (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dannie Doyle Johnson

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced — 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 22 1941
(Month) (Day) (Year)

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

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

10. Usual occupation Baby

11. Industry or business _____

12. Name J. W. Johnson

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

14. Maiden name Low Steel

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

16. (a) Informant J. W. Johnson

(b) Address Holcomb R 1

17. (a) Burial (b) Date thereof Aug. 31 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elder Sanders Funeral Home

18. (a) Signature of funeral director Campbell

(b) Address _____

19. (a) Oct. 10-41 (b) J. W. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1941 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from Aug 10th
1941 to Aug 30 1941
that I last saw him alive on Aug 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Duration _____

Due to Poor Hygiene

Due to Pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 159

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? _____

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

23. Signature J. W. Anderson (M. D. or other) _____

Address Holcomb Date signed Oct 30-41

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

