

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14221

State File No. _____

Registrar's No. 14

Registration District No. 289

Primary Registration District No. 5407

3500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Dunklin
(c) Name of hospital or institution: 1
(d) Length of stay: _____
In this community _____

3. (a) PRINT FULL NAME Gene Autrey 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 Single

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

7. Birth date of deceased May 13 1941

8. AGE: Years 0 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Dunklin Missouri

10. Usual occupation _____

11. Industry or business _____

12. Name Chester Johnson

13. Birthplace Bernie Missouri

14. Maiden name Janita Mason

15. Birthplace Arkansas

16. (a) Informant Chester Johnson

(b) Address Malden, Mo. R. F. D. # 2

17. (a) Burial (b) Date thereof 3-31-42

(c) Place: burial or cremation Malden, Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Bernie, Missouri

19. (a) 3-31-42 (b) Dr. Cass Summers

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rural
(d) Street No. Malden, Mo. R. F. D. # 2
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3/28, 1942 to 3/30, 1942; that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonia Duration 8 da

Due to Influenza 12 da

Due to _____

Other conditions _____
Major findings: 330

Of operations _____
Of autopsy _____
PHYSICIAN _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature John Van Cleve (M. D. or other) _____
Address Malden, Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 542-672

Date Filed 5-20-42

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 with the above constitutes grounds for revocation of license.)

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

Body was not embalmed