

S. No. 2
M-9.4-41
Rev. 5-17-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17528

State File No.

JUN 25 1942 89
Registration District No.

Primary Registration District No. 2007

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 623 south 8th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 623 S. 8th St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Arthur Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 2 Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive 9 1873 years (Month) (Day) (Year)

7. Birth date of deceased Sept. 9 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Comon Labor

11. Industry or business:

12. Name Dan Johnson

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

14. Maiden name Ruth Pearine

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

16. (a) Informant County Records

(b) Address Butler County Farm

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 1, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Frank Mork

(b) Address Poplar Bluff

19. (a) 6/3/42 (Date received local registrar)

(b) Belle Kime (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 9-3-42 to 9-3-42 that I last saw him alive on 9-3-42 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency

Duration years

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death) 93%

Major findings: Of operations:

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) (e) Means of injury:

23. Signature Fred Biggs (M. D. or other) D

Address Poplar Bluff Mo. Date signed 6-2-42

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

12
9
3

12
1
3
0

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 642-748
Date Filed JUN 16 1942

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Green W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff Mo.

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.