

FILED AUG 10 1942

Registration District No. 004 345

Primary Registration District No. 5800

Registrar's No. 57

72
000

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Big Prairie Twp. - rural
(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 11 mos (Specify whether years, months or days)

In this community 11 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town 3 miles East of Canalou Mo.
(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 0

3. (a) PRINT FULL NAME Vurl Johnson

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1942 hour 1 minute 6-11 P.M.

21. I hereby certify that I attended the deceased from 6-11 1942 to 6-12 1942

that I last saw h. live alive on 6-12 and that death occurred on the date and hour stated above.

4. Sex M 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 11 years

7. Birth date of deceased: 7 11 1941
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia Duration: 2 days

Due to:

Due to:

Other conditions: 108
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

11 1

9. Birthplace Conway Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER { 12. Name A.G. Johnson

13. Birthplace Holly Springs Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Willie Stoll

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

Major findings: Of operations:

Of autopsy:

PHYSICIAN: 108

Underline the cause to which death should be charged statistically.

16. (a) Informant V.E. Hammock

(b) Address Canalou Mo. Bx-93

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?

17. (a) Burial (b) Date thereof 6/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director Hunter Albritton

(b) Address Sikeston Mo.

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Am. Lanes (M. D. or other) MS

Address Morehouse, Mo. Date signed 6-12-42

19. (a) July 10, 1942 (b) Alice Spicher
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 842-971

Date Filed 8-6-42

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.