

Registration District No. 274

Primary Registration District No. 5798

1. PLACE OF DEATH:

(a) County: New Madrid
(b) City or town: Osageville Rural R. 1.
(c) Name of hospital or institution: No. La Font Dup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No.
In this community: About 30 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

OLLIE JOHNSON

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: M 2
5. Color or race: COLORED

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Ollie Johnson

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: April 2 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 8
If less than one day hr. min.

9. Birthplace: Linton Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business:

12. Name: Wm Johnson

13. Birthplace: Linton Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Wm

15. Birthplace: Linton Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Archie Johnson
(b) Address: Truxton, Mo. 64214

17. (a) Burial (b) Date thereof: Aug 11-1942
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation: Masonic

18. (a) Signature of funeral director: Richards and Co
(b) Address: New Madrid, Mo.

19. (a) Aug 19 1942 (b) Wm. K. Parrett
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 10 miles N of Portageville
(Loyal, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1942 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1
1942 to Aug 10 1942

that I last saw him alive on Aug 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Colitis

Due to: 10 days

Due to: 2

Other conditions: 1200
(Include pregnancy within 3 months of death)

Major findings: 1200
Of operations:

Of autopsy:

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: 0

23. Signature: Edward M Popp (M. D. or other)

Address: Marston Mo. Date signed: 8-10-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

72
0
0
AUG 42 10 AM

4/21/42
-201

RECEIVED

District Health Office No. 2,

District File Number 842-1081

Date Filed 8-20-42

AUG 22 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo Hedgkoth -

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.