

Registration District No. 267

Primary Registration District No. 2908

1. PLACE OF DEATH Princeton
 (a) County _____
 (b) City or town Hayti
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 8 years, months or days

3. (a) PRINT FULL NAME Velma Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col 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: 1 3 1921
 (Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation housekeeper

11. Industry or business home

12. Name John Johnson

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

14. Maiden name Ella Robinson

15. Birthplace Kelly Springs Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant John Johnson

(b) Address Hayti - no

17. (a) Burial (b) Date thereof 11-19-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti - no

18. (a) Signature of funeral director D. Smith

(b) Address Hayti - no

19. (a) 11-20-42 (b) Mrs G. B. Shirey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO County Princeton
 (c) City or town Hayti
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 18
 year 1942 hour 11 - minute _____ A. M.

21. I hereby certify that I attended the deceased from 11/18 1942
 that I last saw her alive on 11/18 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Comatose Malaria 3 Days

Due to _____
 Duration 3 Days

Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

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 L. D. Denton (M. D. or _____)
 Address Hayti - no Date signed 11/19/42

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

78
2
1

12-42-2

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.