

ED JUN 14 1943

Registration District No. 333

Primary Registration District No. 6115

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town M. Mullin Mo. March 7, 1943
 (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 5 yrs years, months or days

3. (a) PRINT FULL NAME MARTHA JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race 3 colored 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Burl 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased. 1867
(Month) (Day) (Year)8. AGE: 75 Years Months Days If less than one day
hr. min.9. Birthplace Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Housewife at home

11. Industry or business _____

12. Name D.K.

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

14. Maiden name Mary Duckworth

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

16. (a) Informant Payton Martin(b) Address Moely Mo R 117. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation M. Mullin Mo.18. (a) Signature of funeral director Welsh Funeral Home(b) Address Sikeston Mo.19. (a) 6/1/43 (b) Lavin Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
 (c) City or town Sikeston
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour 12 minute 20 A. M.21. I hereby certify that I attended the deceased from Jan 15-43
1943 to MAR 12 1943
that I last saw her alive on Feb 6 1943
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia
Duration ✓

Due to _____

Due to _____

Other conditions Aspirated
(Include pregnancy within 3 months of death)

Major findings: _____

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)
Means of injury _____23. Signature J. H. Neale (M. D. or other) _____Address Sikeston Mo. Date signed 5-2-43

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

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 643-801

Date Filed 6-10-43

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.

Not Embalmed
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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 233

Primary Registration District No. 6615

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Richland
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 12
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death pneumonia Obit 108 Duration _____

Due to _____
Due to _____
Other conditions _____ (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 [Signature] (M. D. or other) _____
Address [Address] Date signed 6-18-43

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

SUPPLEMENTARY

S-19221

JUL 30 1953