

FILED AUG 2 1943 68
Registration District No. **1943 68**

Primary Registration District No. **5966**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Remick**

(b) City or town **Rural. Little River W.P.**
(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 **10 yrs** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Remick**

(c) City or town **Rural**
(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.

3. (a) PRINT FULL NAME **Bell Johnson**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**
year **1943** hour **4** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Col**

6. (a) Single, widowed, married **2 divorced widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **5 15 1866**
(Month) (Day) (Year)

Immediate cause of death **Acute Indigestion**

Due to **No medical attention**

Other conditions (include pregnancy within 3 months of death) **118.3**

8. AGE: Years **77** Months **1** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **West Point Miss**
(City, town or county) (State or foreign country)

10. Usual occupation **housewife**

Due to **attention**

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business **home**

12. Name **John Montgomery**

13. Birthplace **West Point Miss**
(City, town or county) (State or foreign country)

14. Maiden name **Charlotte Jones**

15. Birthplace **West Point Miss**
(City, town or county) (State or foreign country)

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? _____

16. (a) Informant **Wesley Jones**

(b) Address **Wardell Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7 4 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Wesley Jones**

18. (a) Signature of funeral director **J. L. Creasy**

(b) Address **Wesley Jones**

19. (a) **Aug 2 43** (Date received local registrar) (b) **J. L. Creasy** (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature **Jules H. Moore** (M. D. or other) _____
Address **Wesley Jones** Date signed **7/5/43**

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

78
00

7-43-242

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, above space should be left blank.