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17-39  
X38671

FILED APR 7 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4-0-1-5004

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Novinger *Novinger, Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Novinger, Mo., R./R. No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Novinger, "Rural"  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural No. 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ann Johnson

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. None  
name war \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Richard Johnson 6. (c) Age of husband or wife if alive years  
Feb. 22 1858 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace Adair Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Aaron Pinkerton

{ 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rachel Felvey

{ 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Johnson

(b) Address Novinger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Hall Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Kirkville, Mo.

19. (a) 3/14/44 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19 39 to Mar. 8 19 44  
that I last saw h er alive on Mar. 8 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Alcohol Block Duration \_\_\_\_\_

Due to age

Due to \_\_\_\_\_

Other conditions 95a  
(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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Novinger, Mo Date signed 3/9-44

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 4-111-204

Date Filed APR 6 1944

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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.