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FILED MAR 16 1944

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2007

10508

State File No.

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five days
(Specify whether
In this community Julien Community life
* years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Hanna Sue Johnson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced. ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased October 26 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 29 hr. min.

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

10. Usual occupation baby

11. Industry or business _____

MOTHER FATHER
12. Name Joe Johnson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Pauline Wells
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Joe Johnson

(b) Address Julien, Missouri

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Julien, Missouri

18. (a) Signature of funeral director James James Sew

(b) Address Campbell, Missouri

19. (a) 2-3-44 (b) Belle Pierre
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th
year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 2-27 1944 to 2-26 1944
that I last saw her alive on 2-26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death John pneumonia from cuts infected by
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(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 J. J. Kimbrell (M. D. or other)
Address Poplar Bluff, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Office No. 2,

District File Number 244-493

Date Filed 3-14-44

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.