

FILED MAY 22 1944

Registration District No. **3074**

Primary Registration District No. **3074**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Becklons
(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 Missouri (b) County Scott
(c) City or town Sikeston (If outside city or town limits, write "RURAL")
(d) Street No. Sunset Addition (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virgo Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>40</u>	<u>0</u>	<u>0</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business None

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Husband

(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof May 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset add.

18. (a) Signature of funeral director Matia Smith
(b) Address 1381 Maude Sikeston Mo.

19. (a) 5/8/44 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1944 hour 11:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 24
1944, to May 1, 1944;
that I last saw her alive on May 1, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to Influenza

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 H. R. Frisby (M. D. or other)
Address 1381 Maude Sikeston Mo. Date signed 5-2-44

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 544-738
Date Filed 5-15-44

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 Wm Smith
Licensed Embalmer No. 4371
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.