7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25369

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Braggadocio, Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Surg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Braggadocio, (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country

3. (a) PRINT FULL NAME: Charlene Johnson
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 14 (Day) 1943 (Year)
8. AGE: Years | Months: 7 | Days: 4 | If less than one day: hr. min.
9. Birthplace: Pemiscot (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Louis Johnson
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Thompson
15. Birthplace: Miss. (City, town, or country) (State or foreign country)
16. (a) Informant: C. M. Thompson
(b) Address: Braggadocio, Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Bulah Grove Cemetery
18. (a) Signature of funeral director: W. O. Harper
(b) Address: P.O. Box 126 Braggadocio Mo.
19. (a) 7-24-1944 (Date received local registrar) J. A. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 20 day year 1944 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 19, 1944 to July 20, 1944 that I last saw her alive on July 19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Colitis	
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? (Specify type of place)
While at work? (f) Means of injury:
23. Signature: G. W. Phipps (M. D.)
Address: Caruthersville, Mo. Date signed 7/20/44

1327 (Licensed Embalmer's Statement on Reverse Side)

7-44-170

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.