

FILED SEP 13 1944

State File No.

Registrar's No. 32

Registration District No. 278 Primary Registration District No. 5789

1. PLACE OF DEATH: **Mississippi**
 (a) County **Mississippi**
 (b) City or town **East Prairie (Rural)**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **R# 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 Years**
 In this community **15 Years**
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Jerry Johnson**
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex **M** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Josie Johnson** 6. (c) Age of husband or wife if alive **N.K.** years
 7. Birth date of deceased **January 29th 1894**
 (Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **21** If less than one day
 hr. min.

9. Birthplace **Baton Rouge Louisiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business
 12. Name **John Johnson**
 13. Birthplace **N.K.** **N.K.** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **N.K.** **N.K.**
 15. Birthplace **N.K.** **N.K.** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **Josie Johnson**
 (b) Address **R#2 East Prairie, Mo.**

17. (a) **Burial** (b) Date thereof **7-23-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove Charleston, Mo.**

18. (a) Signature of funeral director **John F. Hymmel**
 (b) Address **Charleston, Mo.**

19. (a) **9-9-1944** (b) **Fannie C. Bygones**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **20th**
 year **1944** hour **2** minute **20** A. M.

21. I hereby certify that I attended the deceased from **I only saw deceased to one time this was sometime in the suburbs and the death occurred at home and he was not hospitalized after that. He had a severe bronchial trouble and I would presume the immediate cause of death may have been bronchial pneumonia, however having only once seen the patient other conditions may not be able to make a definite diagnosis.**
 Duration

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy **107**
 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 of 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 **George W. Whiteaker** (M. D.)
 Address **East Prairie, Mo.** Date signed **8/24/44**

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

67
0
0

RECEIVED

District Health Office No. 2,

District File Number 944-1245

Date Filed: 9-12-44

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

John P. Minneker Jr

Licensed Embalmer No. 3851

P. O. Address

Charleston, Mo

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.