S. No. 2
M—2-43
5-17-39
I X35697

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

FILED AUG 21 1944
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3050

State File No. 28465

Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No.: 701 Grand
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: Citizen of U.S.A.

3. (a) PRINT FULL NAME: Rudolph Johnson
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Agnes Johnson
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Dec. (Month) 19 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
52	52	7	17	hr. ..... min.

9. Birthplace: Caruthersville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Mechanic
11. Industry or business: Business
12. FATHER Name: William Franklin Johnson
13. FATHER Birthplace: UnKnown (City, town, or county) Tenn. (State or foreign country)
14. MOTHER Maiden name: Martha Lou Nelson
15. MOTHER Birthplace: Unknown, (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Agnes Johnson
(b) Address: 701 Grand, Caruthersville,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo.
18. (a) Signature of funeral director: L. Funeral Co.
(b) Address: Caruthersville, Mo.
19. (a) 8-16-1944 (Date received local registrar) (b) Jessie H. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5, year 1944 hour 1 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 6, 1944, to Aug. 4, 1944 that I last saw him alive on Aug 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2x
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? (e) Means of injury .....
23. Signature: [illegible] (M. D. or other) MS
Address: Caruthersville Mo. Date signed 8/11/44

1206

(Licensed Embalmer's Statement on Reverse Side)

8-44-184

AUG 23 1944

NOV 9 1945

SEP 1 1947

JUL 31 1950

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 Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address Caruthersville, 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.