

FILED OCT 9 1944

State File No. _____

Registration District No. 108

Primary Registration District No. 5422-4199

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dunklin, Mo
(b) City or town Senath, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Senath (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Martin Johnson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Johnson 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 23 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant J.C. Johnson

(b) Address Senath, Mo. Route 2

17. (a) Burial (b) Date thereof 9-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Paul Bohner

(b) Address Senath, Mo.

19. (a) 9-11-44 (b) H.O. Sterry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 10th, year 1944 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from June 22 1944 to September 9 1944; that I last saw him alive on September 9 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Pancreas Duration approx. 1 yr.

Due to Unknown

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 g

23. Signature Alan H. Christiansen (M. D. or other) D.O.

Address Kennett, Missouri Date signed 9-11-44

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

35
0
0

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. 2556

P. O. Address. Kennett, 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.