

S. No. 2
M-8-43
5-17-34
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35444

FILED OCT 19 1944

Registration District No. 233

Primary Registration District No. 3074

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston Missouri
(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) 1
(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 100
(c) City or town Sikeston
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CECIL EVERETT PENNY JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 525-22-5214

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased May 14 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Car Dealer

11. Industry or business _____

12. Name Chas. E. Johnson

13. Birthplace Saline Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Beard Riccard

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

16. (a) Informant Mrs. Kathryn Johnson

(b) Address Sikeston Missouri

17. (a) Burial (b) Date thereof 8/7/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo

19. (a) 10-11-44 (b) Lemie Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1944 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 15 1944 to Aug 5 1944
that I last saw him alive on Aug 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever

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? _____ (c) Means of injury _____

23. Signature J. H. ... (M. D. or other) _____
Address Sikeston Mo Date signed 9-5-44

RECEIVED

District Health Office No. 2,

District File Number 1044-1400

Date Filed 10-18-44

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address.....

Sikeston, 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.