

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 11 1944

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38500

Do not use this space.

1. PLACE OF DEATH  
(a) County Peoria Registration District No. 270  
(b) Township Little Prairie Sup Primary Registration District No. 5909 Registered No. 118  
(c) City Caruthersville Mo (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Pauline Johnson  
(a) Residence, No. Caruthersville R#1 St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>girl</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 7, 1944</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph</u>					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-1-1944</u>					I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.	
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Infant V 7 days</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>				Date of onset	
	9. Industry or business in which work was done, as saw mill, bank, etc.					
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caruthersville, R#1</u>						
FATHER	13. NAME <u>Henry Johnson</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall, Texas</u>					
MOTHER	15. MAIDEN NAME <u>Mary Lee Stavenport</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City, Ark</u>					
17. INFORMANT <u>Henry Johnson</u> (ADDRESS)						
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Family Cemetery</u> , DATE <u>11-7-</u> 19 <u>44</u>						
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Friends</u>						
20. FILED <u>11-7-</u> 19 <u>44</u> <u>Jessie M. Markey</u> Local Registrar						
Other contributory causes of importance					ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
Name of operation <u>7-012</u> Date of _____					Was there an autopsy? _____	
What test confirmed diagnosis? _____					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.					Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. Butler</u> , M. D. (Address) <u>Caruthersville Mo</u>						

11-44-262

**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, above space should be left blank.**