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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. Pressnell
FILED DEC 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38960

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sikeston General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community About 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Greer
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Elizebeth Johnson

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Johnson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 1 (Day) 1872 (Year)

8. AGE: Years 72, Months 2 Days 3 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Sullins
13. Birthplace Teaxes Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Permelia Smith
15. Birthplace Trenton (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Sidney Johnson
(b) Address 632 Matthews Sikeston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10,5,44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Sikeston

18. (a) Signature of funeral director John Albritton
(b) Address Sikeston Mo.

19. (a) 12/7/44 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 29, 1944 to Sept 3, 1944 that I last saw her alive on Sept 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Basal Fracture of Cranium

Due to Fall from porch

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence Sept 27-1944

(c) Where did injury occur? Sikeston Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes - home (Specify type of place)

While at work (e) Means of injury Fall

23. Signature Geo H Pressnell (M. D. or other)

Address Sikeston Mo Date signed 10-6-44

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1244-1636
Date Filed 12-13-44

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 Allenton

Licensed Embalmer No. 2941

P. O. Address Sedalia 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.