

FILED MAY 24 1945

Registration District No. 387

Primary Registration District No. 6037

Registrar's No. 2036

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

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Ponder, Mo. (Rural)  
(c) Name of hospital or institution: 1 hosp  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley  
(c) City or town Ponder, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Jessie Mae Johnson

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

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Mr. Johnson 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Dec. 29, 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. R. Tucker  
13. Birthplace Tennessee  
14. Maiden name Susan Bevier  
15. Birthplace Tennessee

16. (a) Informant Clemmie Hudson

(b) Address Ponder, Mo.

17. (a) Burial (b) Date thereof 4-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ponder, Mo.

18. (a) Signature of funeral director W. H. Doby

(b) Address La Grange, Mo.

19. (a) 4-25-1945 (b) Ch. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1945 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 20, 1945 to March 25, 1945 that I last saw her alive on March 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Lobar Pneumonia 5 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 108

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).....  
(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) (Means of injury)

23. Signature Ch. Johnson (M. D. or other)  
Address Ponder, Mo. Date signed.....

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**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..... *Valius Johnson*  
Licensed Embalmer No..... *786-427*  
P. O. Address..... *Caring Care*

**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.**