

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15881

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 157

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lucy Lee Hoop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK JOHNSON
(b) If veteran, name war none
(c) Social Security No. 479-03-8189

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30
year 1946 hour _____ minute 17:15p. M.
21. I hereby certify that I attended the deceased from 4/25 to April 30
that I last saw him alive on April 30
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada Johnson
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 2 1889
(Month) (Day) (Year)

Immediate cause of death Asphyxiation
Due to Cardiovascular disease
Cardiac failure
Due to Cardiovascular - Venal disease
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
57 0 28 hr. _____ min.
9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business _____
12. Name Monroe Johnson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Ada Johnson
(b) Address Campbell, Missouri
17. (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Campbell
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 5/14/46 (b) RH Mueller
(Date received local registrar) (Registrar's signature)

23. Signature A. P. Mackell (M. D. or other) _____
Address Poplar Bluff, Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 546-633

Date Filed 5-21-46

MAY 27 1946

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.