

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 43

Primary Registration District No. 300-75145

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff - Rural
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Poplar Bluff - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Dudley Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 1946 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca A. Johnson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 4 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 31 Dec 1945 to 9 APR 1946; that I last saw her alive on 26 MARCH 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Atrophy Duration 4 hrs

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to ARTERIAL HYPERTENSION years _____

Due to PARALYSIS AGITANS yrs. 2 yrs.

9. Birthplace McComb Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy None mate

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Charles F. Johnson

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ferguson

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

16. (a) Informant Rebecca A. Johnson

(b) Address Poplar Bluff, Mo. R. 4

17. (a) Burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shook Cemetery

18. (a) Signature of funeral director David Russell

(b) Address 6-25-46

19. (a) 6-25-46 (b) _____
(Date received local registrar) (Registrar's signature)

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 5

23. Signature Hester Harwell (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 3 June 46

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

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RECEIVED

District Health Office No. 2

District File Number 244-226-1000

Date Filed 2-3-46

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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.....

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, fact should be so stated above.