

FILED JUL 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 207

Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Yrs.
In this community 5 Yrs.
years, months or days

3. (a) PRINT FULL NAME Mary Johnson

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

4. Sex female 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Nute Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation house work

11. Industry or business home

MOTHER { 12. Name Ike Hunt
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Hines

(b) Address Hayti Mo.

17. (a) burial (b) Date thereof 6/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Mo.

19. (a) 7-3-44 (b) W. J. Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1946 hour 6 minute 57 A. M.

21. I hereby certify that I attended the deceased from 6/8/46 19____ to 6/12/46 19____; that I last saw her alive on 6/11/46 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis.

Due to _____

Due to _____

Other conditions (44)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W. J. Kelly (M. D. or other) _____

Address Caruthersville Mo. Date signed 6/27/46

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

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7-46-188

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address: Hart, 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, above space should be left blank.