

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 168

FILED 238
OCT 11 1946

Registration District No. 238 Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: _____
No. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether _____)

In this community 3 Years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town New Madrid, _____
(If outside city or town limits, write "RURAL") 11

(d) Street No. _____ (If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary Johnson

3. (b) If veteran, name war No. No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Jessie Johnson

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

7. Birth date of deceased December 15, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Wallace

13. Birthplace Ark.
(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 Mary Ann Johnson

(b) Address New Madrid, Mo.

17. (a) Buried (b) Date thereof 9/25/46
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walls, Miss.

18. (a) Signature of funeral director Richards Und. Co.

(b) Address New Madrid, Mo.

19. (a) 9-30-46 (b) Neloy Lou Jones
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1946 hour 3:50 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from 19 April 1946, to 22 Sept 1946
that I last saw her alive on 22 Sept 46 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to Myocarditis, Chronic

Due to _____

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

Major findings: 93D
Of operations _____

Of autopsy _____

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) (e) Means of injury _____ 0

23. Signature Louis Smith MD (M. D. or other) 0

Address New Madrid Mo Date signed 23 Sept 46

RECEIVED

District Health Office No. 2

District File Number 1046-1218

Date Filed 12-8-46

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..... *I. G. Collins*

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.