S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1909

Registration District No. 2847 Primary Registration District No. 5820 Registrar's No. 49

1. PLACE OF DEATH: New-Madrid
(a) County ~~Pemiscot~~
(b) City or town Gideon, Mo. 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 7 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Gideon, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi east Gideon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SHIRLEY PATRICIA JOHNSON
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Baby
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Gideon. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation baby
11. Industry or business —
MOTHER FATHER
12. Name Neal Johnson
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Neal Johnson
(b) Address Gideon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield
18. (a) Signature of funeral director Floyd Russell
(b) Address Piggott Arkansas
19. (a) 1-27-47 (Date received local registrar) (b) Mrs Byron Stop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 47 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 7 1947 that I last saw him alive on Jan 1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	7 mo
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death) Rubella fever in mother	
Major findings: Of operations ✓	
Of autopsy ✓	

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

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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? ✓
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature D. C. Carlton (M.D. or other)
Address Malden Date signed 1/7/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-180
Date Filed 2-7-47

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.