

FILED SEP 16 1947

Registration District No. 238

Primary Registration District No. 4355 5823

Registrar's No. 235

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

1. PLACE OF DEATH

(a) County New Madrid Rural  
(b) City or town NO  
(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 \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Vaught Eugene Johnson  
3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NINA JOHNSON  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Aug 11 1916  
(Month) (Day) (Year)

8. AGE: Years 31 Months \_\_\_\_\_ Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation FARMER

MOTHER: FATHER: { 12. Name Nathan Byrd Johnson  
13. Birthplace EDNA, ARK  
(City, town, or county) (State or foreign country)  
14. Maiden name Ritzie Vaught  
15. Birthplace ARK  
(City, town, or county) (State or foreign country)  
16. (a) Informant W. H. Whitney R. Johnson  
(b) Address HUNT ARK  
17. (a) RURAL (b) Date thereof 18 Aug 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Hill Cemetery  
18. (a) Signature of funeral director Russell Ford Co.  
(b) Address New Madrid Mo  
19. (a) 8-30-47 (b) Helena Louise Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid  
(c) City or town RURAL  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1947 hour 8:30 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Right leg broken; Head crushed.  
Due to Hit by Car on Highway while walking on  
Due to Highway  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy NO

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Aug 16 1947  
(c) Where did injury occur? New Madrid Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway #61  
While at work? NO (Specify type of place) (e) Means of injury Car  
23. Signature Ed Hedygoth (M.D. or other) Coroner  
Address New Madrid Date signed Aug 16 1947

RECEIVED

District Health Office No. 2  
District File Number 947-1216  
Date Filed 9-13-47

AUG 22 1947

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.....

*Allen C. McSpadden* Registered Apprentice No. 512  
working under my personal supervision.

Signed *Leo Wedgepeth*

Licensed Embalmer No. 3803

P. O. Address *New Madrid*

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.