

31272

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 54

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 6907 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Steele. (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Steele. (Rural) Coatesburg</b>	
c. LENGTH OF STAY in this place <b>6 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Route 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Coatesburg</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jessie</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>18 27 1949</b>
-------------------------------------	--------------------------	------------------------	--------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/ 4.1913</b>	9. AGE (In years last birthday) <b>35</b>	10. UNDER 1 YEAR Months <b>8</b>	11. UNDER 1 YEAR Days <b>23</b>	12. UNDER 1 YEAR Hours <b></b>	13. UNDER 1 YEAR Min. <b></b>
----------------------	-----------------------------	---	------------------------------------	---	----------------------------------	---------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Somerville, Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>Will Lenon</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Dickson</b>	14. NAME OF HUSBAND OR WIFE <b>Dont Know</b>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>408-12-5551</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bobby Powel.</b>	ADDRESS <b>Steele, Mo. R.3.</b>
---	--	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>47/455</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malaria</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Inflammatory reaction in spleen</b> <b>Heart location + low spleen</b> DUE TO (c) <b>low</b>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Aug 10, 1949**, to **Aug 27, 1949**, that I last saw the deceased alive on **Aug 19, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>[Address]</b>	23c. DATE SIGNED <b>9/22/49</b>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>RURAL</b>	24b. DATE <b>9-1-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Steele, Mo</b>
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <b>9-14-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>German Undert Co. Steele, Mo</b>
---	--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

10-49-274

OCT 1 REC'D

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John H. German*

Licensed Embalmer No. *A 355*

P. O. Address *Hagley, Ma*

Signed \_\_\_\_\_  
Student Embalmer

**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.