No. 300
10.48

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

MO DEC 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39661

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pascola
c. LENGTH OF STAY (In this place): 24 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY: Hardeman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Whiteville
d. STREET ADDRESS (If rural, give location): 2 miles Southeast

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Ruben
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Nov 22, 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 9, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 11, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Public Work
11. BIRTHPLACE (State or foreign country): Fayette County Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Henry Johnson
13b. MOTHER'S MAIDEN NAME: Emma Morris
14. NAME OF HUSBAND OR WIFE: Pearl Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Pearl Johnson
ADDRESS: Rt #1 Box 376 Hayti Mo

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, asthenia, etc. It means the disease, injury, or complication that caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pulling Cotton
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pemiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell dead in cotton field

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James A. Osburn
(Degree or title): Coroner
23b. ADDRESS: Wardell Mo.
23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-22-52
24c. NAME OF CEMETERY OR CREMATORY: Whiteville Cemetery
24d. LOCATION (City, town, or county) (State): Whiteville, Tenn.

DATE REC'D BY LOCAL REG.: 12-8-52
REGISTRAR'S SIGNATURE: John H. German 406.
25. FUNERAL DIRECTOR'S SIGNATURE: John H. German
ADDRESS: Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Cor. Leg off
11/15
11/18
53
55

12-354-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 11 1953
DEC 9 1952

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Raymond L. Duffie

Signed.....
Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Hayti, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Tenn. } ss.
County of Hardeman

State File No. ....
Local Registrar's No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of Feb. 1953, 194..., before me appears Pearl Johnson, who, upon her oath, states that the original record of ~~birth~~ death for James Henry Johnson, ~~born~~ died Nov 22, 1952, in the State of Missouri, and which was filed at Hardeman Mo on 12-8, 1952, should be corrected as follows:

Item No. 3 should read James Ruben Johnson (James Ruben Johnson)

Instead of James Henry Johnson

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pearl Johnson
Wife Relationship.

Whiteville, Tenn. R 2
Present Address.

Subscribed and sworn to before me this 5th day of Feb. 1953, 194...

My Commission expires Jan. 4, 1955, B P Bass Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-5-43
I X38929

39661