

IMPORTANT! This is a Permanent Record. Use Typewriter or Ink.

STATE OF LOUISIANA
CERTIFICATE OF DEATH

STATE No. 13 505
FILE No.

PERSONAL DATA OF DECEASED	1a. Last Name of Deceased <i>Facer</i>	1b. First Name <i>Johnnie</i>	1c. Second Name	2a. Month Day Year <i>11-26-50</i>	2b. Age <i>2 1/2</i>
	3. Sex - Male or Female <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced <i>Infant</i>	6a. Name of Husband or Wife (b) Age	
	7. Date of Birth of Deceased <i>11-20-'50</i>	8. Age of Deceased Years Months Days <i>6</i>	9a. Birthplace (City or town) <i>Lake Providence</i>	9b. (State or Foreign Country) <i>Louisiana</i>	
	10a. Usual Occupation (Give kind of work done during most of working life, area if retired) <i>Infant</i>	10b. Kind of Industry or Business	11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)		
PLACE OF DEATH	12a. City or Town - (If outside corporate limits write RURAL.) <i>Lake Providence</i>		12b. Parish and Ward No. <i>East Carroll-3</i>	12c. Length of Stay in this Place <i>6 days</i>	
	12d. Name of Hospital or Institution (If not in hospital or institution give street address or location)			12e. Length of Stay in Hospital or Institution	
USUAL RESIDENCE OF DECEASED	13a. City or Town - (If outside corporate limits write RURAL.) <i>Lake Providence</i>		13b. Parish and Ward No. <i>East Carroll-3</i>	13c. State <i>La.</i>	
	13d. Street Address - (If rural give location)			14. Citizen of what Country	
PARENTS	15a. Name of Father <i>Unknown</i>	15b. Birthplace of Father <i>Unknown</i>	16a. Maiden Name of Mother <i>Sarah La Facer</i>	16b. Birthplace of Mother <i>Louisiana</i>	
INFORMANT'S CERTIFICATION	I certify that the above stated information is true and correct to the best of my knowledge.		17a. Signature of Informant <i>Larry Facer</i>	17b. Date of Signature <i>11-27-50</i>	
CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>1000</i> <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	18. I. Disease or Condition Directly Leading to Death* (a) <i>Bronchial Pneumonia</i>			Interval Between Onset and Death	
	Antecedent Causes Diseases or 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.				
DEATHS DUE TO EXTERNAL VIOLENCE	19a. Date of Operation	19b. Major Findings of Operation		20. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	21a. Accident, Suicide, or Homicide (Specify)	21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. City, Town, or Ward No.	Parish	State
	21d. Time of Injury (Month) (Day) (Year) (Hour)	21e. Injury Occurred While at <input type="checkbox"/> M. Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. How did injury occur?		
PHYSICIAN'S CERTIFICATION	22. I certify that I attended the deceased, From _____ To _____ and that death occurred on the date and hour stated above.	23a. Signature of Physician <i>Dr. J. D. Davis, Coroner</i>	23b. Date of Signature <i>11/27/50</i>		
FUNERAL DIRECTOR'S CERTIFICATION	24a. Burial <input checked="" type="checkbox"/> Date Thereof Cremation <input type="checkbox"/> Removal <input type="checkbox"/> <i>11-27-50</i>	24b. Name of Cemetery or Crematory <i>Funerary</i>	24c. Location (City, town, or parish) <i>Lake Providence</i>	25. Signature of Funeral Director <i>James E. Brennan</i>	
BURIAL TRANSIT PERMIT	26. Burial Transit Permit Number <i>1157</i>	27. Parish of Issue <i>East Carroll</i>	28. Date of Issue <i>11-27-50</i>	29. Signature of Local Registrar	