REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24356
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2861
(c) City Kansas City — (d) Street No. St Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Archie Weiler Johnston 523
(a) Residence, No. 2463 Denver St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geneva Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 28 1889
7. AGE: Years 48 — Months 10 — Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkins Mo 0

FATHER
13. NAME: John Kirk Johnston 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey 0

MOTHER
15. MAIDEN NAME: Rettie May Weiler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs. Geneva Johnston 2463 Denver
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Marys DATE July 16 1938
19. FUNERAL DIRECTOR (ADDRESS): Ketterlin K C Mo
20. FILED 7-16 1938 M. M. Crowe, asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3 1938, to July 13 1938
I last saw him alive on July 13 1938. Death is said to have occurred on the date stated above, at 8:10 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 7/3/38

94 B

Other contributory causes of importance:
Hypertension - Previous - Other Coronary

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical + Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) Ralph Perry, M. D.
(Address) 4800 E 24

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Gold Lane
Copper Lane

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)