

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28550

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
BEGUN SEP 12 1939

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boone Co Hosp 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community Occasionally  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Clay  
(c) City or town Piggott  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Christopher C Johnston

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 11 1857  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Isaac Johnston

13. Birthplace Dont know  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature I. Johnston

(b) Address 607 South 4th Columbia

17. (a) Removal (b) Date thereof Aug 28 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piggott Ark

18. (a) Signature of funeral director R Rowlett

(b) Address Columbia

19. (a) 8/28/39 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28<sup>th</sup>  
year 1939 hour 8:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 Acute Vegetative endocarditis (mitral & aortic valves) Duration \_\_\_\_\_

Due to Chronic gall bladder disease?

Due to \_\_\_\_\_

Other conditions Active pulmonary tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations g 3

Of autopsy see above

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robert H. Sumpter (M. D. or other)

Address Columbia Mo Date signed 8/28/39

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lynnan A. Spunkle

Licensed Embalmer No. 4013

P. O. Address.....

**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, above space should be left blank.**