

1939 OCT 1 3 1939

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

33222
Do not use this space.

81
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1

1. PLACE OF DEATH
(a) County Phelps Registration District No. 677
(b) Township _____ Primary Registration District No. 4403
(c) City Rolla, Mo. (d) Street No. 603 Salem Ave 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 Rowland L. Johnston
(a) Residence, No. 603 Salem Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mildred K. Johnston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23/1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Hohnston

14. BIRTHPLACE (CITY OR TOWN) Penna.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Nannie Louis

16. BIRTHPLACE (CITY OR TOWN) Penna.
(STATE OR COUNTRY)

17. INFORMANT Mildred K. Johnston
(ADDRESS) 603 Salem

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sakalla DATE Sept 25 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILED Sept 25 1939 Joe. F. Ayers
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Sept 22 1939
I last saw him alive on Sept 22 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of throat</u>	Date of onset <u>1938</u>
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Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) William H. Brewer, M. D.
(Address) St James, Mo

K. 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.

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.....
.....Edward H. Bockhorst....., Registered Apprentice No.....
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1039303

Date Filed 10/10/39

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton, 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, above space should be left blank.