

No. 2  
1-10-39  
17-397  
34124

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. B 14841  
Registrar's No. 64

MAY 13 1940

Registration District No. 295

Primary Registration District No. 4179-5412

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

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Sullivan, Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 20 years, months or days

3. (a) PRINT FULL NAME Louis D. Johnston. 523  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 21, 1849  
(Month) (Day) (Year)

8. AGE: Years 91 Months \_\_\_\_\_ Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer.

11. Industry or business Farming

MOTHER FATHER { 12. Name James Johnston  
13. Birthplace Virginia.  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Gamache.  
15. Birthplace Jefferson County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Johnston.  
(b) Address /Sullivan, Mo.

17. (a) Burial (b) Date thereof Apr. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Phos. H. Stuffer  
(b) Address Sullivan, Missouri

19. (a) 4-6-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County Franklin  
(c) City or town Sullivan, Rural.  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4,  
year 1940 hour 1:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 29  
1940 to Apr 4, 1940;  
that I last saw him alive on Apr 3 1940, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial Stroke - 6da

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
933  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sullivan, Mo. Date signed 4-6-40

Duration  
6da  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Edgar W. Tolson*

Licensed Embalmer No. 3894

P. O. Address Sullivan, 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.**