

Registration District No. 470

Primary Registration District No. 5633

State File No. _____

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mt. Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 115
years, months or days)

3. (a) PRINT FULL NAME Ruby Belle Johnston 523

8. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased November 17th 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 7 25 hr. min.

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

10. Usual occupation Housework

11. Industry or business 0

12. Name Not known Johnston

13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Kent

15. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 7-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Mo

18. (a) Signature of funeral director Geo B. ...

(b) Address Mt. Vernon, Mo

19. (a) B-13-1940 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
 (c) City or town Madison
(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 July day 12th
 year 1940 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from February 19th, 1940 to July 12th, 1940;
 that I last saw her alive on July 12th, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration One Year

Due to _____

Due to 27

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?
421

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature C. E. Hellweg (M. D. or other) 1

Address Mt. Vernon, Mo Date signed 7-12-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number: 640-2428

Date Filled: AUG 08 1940

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address Mr Vernon 7th

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.