

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42947
State File No.
Registrar's No. 31

Registration District No. 423 Primary Registration District No. 5578

50

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town Barnhart Mo Rock
(c) Name of hospital or institution: at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town Barnhart Mo Rural
(If outside city or town limits write "RURAL")
(d) Street No. near Barnhart Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (c) PRINT FULL NAME MINNIE B. JOHNSTON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Johnston 6. (c) Age of husband or wife if alive 36 1/2 years
7. Birth date of deceased Jan. 17th 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Green County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____
12. Name Frank M. Ward
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Whiteside
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Johnston
(b) Address Pevely Mo R.R.#1

17. (a) Burial (b) Date thereof Dec. 16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rauschenbach Cemetery

18. (a) Signature of funeral director Heiligtat Funeral Home

(b) Address Kimmurick Mo R.R.#2

19. (a) Dec 16-1940 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14th
year 1940 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1, 1940, to Dec 14th, 1940, that I last saw her alive on Dec 14th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Duration 8 mo
Due to _____
Due to 46
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None

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? Yes
384
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Perulaeum (M. D. or other) _____
Address Perulaeum, Mo Date signed 12/16/40

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 *Elmer Heiligtag*.....

Licensed Embalmer No. *3541*.....

P. O. Address *Klimmswick, 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.