

No. 2
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-17-39
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FILED JUL 9 1941

Registration District No. 878

Primary Registration District No. 4531

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hospital Emergency Room
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME WAYNE-KING-JOHNSTON

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

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: June 29 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. min.

9. Birthplace: Sheldon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name W. A. Johnston

13. Birthplace Galena Mo
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Webster

15. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Johnston

(b) Address Sheldon Mo R#2

17. (a) Buried (b) Date thereof June 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in farm Monteville Township

18. (a) Signature of funeral director F. B. Bury & Son

(b) Address Sheldon Mo

19. (a) June 29 1941 (b) Carroll T. Beery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Monteville Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 6:30 minute AM

21. I hereby certify that I attended the deceased from June 29 1941 to June 29 1941
that I last saw him alive on June 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (wt 2 3/4)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration 6 hrs.

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 Thomas G. Duckitt (M. D. or other) MD
Address Sheldon Mo Date signed 6-30-41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1113

Date Filed 7-7-41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.