No. 2
-4-41
17-39
X2639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25675

State File No.

FILED AUG 15 1941

Registrar's District No. 95

Primary Registration District No. 4693 5791

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Upper Loutre Twp (If outside city or town limits, write "RURAL" and name of township)

(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 ..... (Specify whether years, months or days)

In this community 56 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FREDIC SAMUAL JOHNSTEN

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

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

6. (b) Name of husband or wife Ella Mary Johnsten 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 4 (Day) 1867 (Year)

8. AGE: Years 74 Months ..... Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Louisiana (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER 12. Name John J. Johnsten

13. Birthplace Kan (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Mary Morrison

15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Ella M. Johnsten

(b) Address Laddonia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 (Month) 2 (Day) 1941 (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director F. W. Kuhne

(b) Address Wellsville Mo

19. (a) 7/22/41 (Date received by local registrar) (b) Mrs Mike McDermott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19 1941 to July 20 1941 that I last saw h. alive on July 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Lymphatic Leukemia	3 yrs
Due to N A	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiac Decompensation	9

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature David Bashaw (M. D.) 0

Address Martinsburg Date signed 7-21

528 (Licensed Embalmer's Statement on Reverse Side)

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 Clifford C. Kuhn

Licensed Embalmer No. 3059

P. O. Address Wellsville N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.