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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31537

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 736

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

39
0
0

1. PLACE OF DEATH:

(a) County GREENE Not in Cem. Lane

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

(c) Name of hospital or institution:
Rt 6 ~~Box 384~~
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rt 6 Springfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 6 Springfield 0
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Louise Johnston

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex F

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Jan (Month) 28 (Day) 1939 (Year)

8. AGE: Years 2 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Earl. Thomas. Johnston
13. Birthplace Springfield (City, town, or county) 0 MO (State or foreign country)

MOTHER
14. Maiden name Lorine. McKee
15. Birthplace Springfield (City, town, or county) 0 MO (State or foreign country)

16. (a) Informant Earl Thomas Johnston
(b) Address Rt 6 Springfield MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9.10 41 (Month) (Day) (Year)
(c) Place: burial or cremation Brick Church Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield MO

19. (a) 9-10-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 th
year 1941 hour 8 minute p M.

21. I hereby certify that I attended the deceased from Sept. 9 1941 to Sept. 9 1941
that I last saw her alive on Sept. 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia — Duration short

Due to

Due to 107

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

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) 0
While at work? (e) Means of injury

23. Signature Arthur O Knapp (M. D. or other) MD
Address 450 1/2 E. Court Date signed 9-18-41

984 (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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield 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, fact should be so stated above.