

FILED OCT 16 1941

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County PIKE  
(b) City or town LOUISIANA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 417 N. 7th ST.  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ENTIRE LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME ETTA PEARL JOHNSTON

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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 \_\_\_\_\_ years

7. Birth date of deceased MAY 31 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 3 27 hr. min.

9. Birthplace PIKE CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business PUBLIC SCHOOL

12. Name EDWARD JOHNSTON

13. Birthplace PIKE CO MO  
(City, town, or county) (State or foreign country)

14. Maiden name COLE E HOECHLINS

15. Birthplace PIKE CO MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ewert Johnson

(b) Address Frankford Mo

17. (a) Buried (b) Date thereof SEPT 30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD MO

18. (a) Signature of funeral director Garner & Sauer

(b) Address Louisiana Mo

19. (a) Sept 30/41 (b) W. H. Haley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE  
(c) City or town LOUISIANA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 417 N. 7th St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
year 1941 hour 5 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1  
1941, to Sept 28 1941  
that I last saw her alive on Sept 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Burn  
Accident  
Due to Burn

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 10/15

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Sept 28-41  
(c) Where did injury occur? Louisiana MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. M. Pearson (M. D. or other)  
Address Louisiana MO Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-41-1837

Date Filed OCT 13 1941

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.....

Harold Garner

Registered Apprentice No. ....

working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.