

FILLED SEP 26 1941

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **149**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community 0
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 999
 (c) City or town Ottumwa 13
 (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 _____

3. (a) PRINT FULL NAME LAWRENCE JOHNSTON

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 OLIVE DOUGLAS JOHNSTON 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased December 17th 1906
 (Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Halton, Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Cresmery

MOTHER FATHER { 12. Name James A Johnston

13. Birthplace Newton, Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Moore

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

16. (a) Informant Winston Johnston

(b) Address Ottumwa, Mo

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

(c) Place: burial or cremation Ottumwa, Mo

18. (a) Signature of funeral director Wachmann

(b) Address 276 N. 2nd St. St. Charles, Mo

19. (a) Aug 8-1941 (b) Lawrence A. Nielsen
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
 year 1941 hour 7 minute - P. M.

21. I hereby certify that I attended the deceased from _____
Coroner's Case 19____;
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Fracture bones of body. Duration 5 days.

Due to _____

Due to _____

Other conditions (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) auto accident

(b) Date of occurrence Aug 3rd 1941 057

(c) Where did injury occur 2 mi. N. Hwy 119 1/2 mi. S. Hwy 61
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 61 (Specify type of place) auto accident

While at work? No (Specify type of place) (b) Means of injury _____

23. Signature L. P. E. Schuch (M. D. or other) _____
 Address St. Charles, Mo Date signed 8/9/41

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

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.....
William C. [Signature]

Licensed Embalmer No. *3144*

P. O. Address.....
St. Charles 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.