DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42265

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town BARNHART Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rock 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town BARNHART Rural
(If outside city or town limits, write "RURAL")
(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 ANDREW JOHNSTON

3. (b) If veteran, name war NO

3. (c) Social Security No. — — —

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 JAN (Month) 18 (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 27 If less than one day hr. min.

9. Birthplace JEFFERSON COUNTY (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name RUSSELL JOHNSTON
13. Birthplace UNKNOWN (City, town, or county) S (State or foreign country)

MOTHER
14. Maiden name MARY NEW
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant Frank Johnston
(b) Address PEVELY MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 18 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ RAUSCHENBACH CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO

19. (a) Dec 17 '41 (Date received local registrar) (b) Phil J. Fink (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day Unknown
year 1941 hour minute M.

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

Immediate cause of death Verdict of Jury 12/16/41
Due to came to his death by
Due to Natural Causes (Found dead on his farm in Barnhart where he lives alone)
Other conditions
(Include pregnancy within 3 months of death)

Duration

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 Geo. A. Clemens Jr Acting Coroner M.D. or other
Address Kimmswick Mo Date signed

504

(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 Elmer Religtag

Licensed Embalmer No. 3571

P. O. Address Kemmerich MT

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

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

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State File No. 42265

Registration District No. 423 Primary Registration District No. 5578 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Johnston
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 18 (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ink
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Cause
Due to VERDICT OF JURY inquest, Dec. 16, A.D. 1941
do find the deceased came to his death, by natural causes.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 200

Duration

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 C H Clement - Actg Cor JP (M.D. or other)
Address Kimmswick Mo Date signed 12/16/41

SUPPLEMENTARY