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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Schultz

State File No. 12200

Registration District No. 811 Primary Registration District No. 6059 Registrar's No. 18

99

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

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Baring Mo. 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 Most All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland 99
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Sand Hill Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Almira M. Johnston
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) 1858 (Year)

8. AGE: Years 83 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Sarnia (City, town, or county) Canada (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Robt. Johnston
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Eliza Perry
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Dora Mason Varner
(b) Address Baring Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery
18. (a) Signature of funeral director Geth & Backett
(b) Address Memphis Mo
19. (a) April 17-1942 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from March 27, 1942, to , 19
that I last saw him alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Cardiac Failure
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 107
Major findings:
Of operations
Of autopsy

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 H. G. Schultz D.O. (M. D. or other)
Address Baring Date signed 3/29/42

1093

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

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: Fred Firth

Licensed Embalmer No. 1029

P. O. Address Memphis, Mi

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.