

Registration District No. 305 Primary Registration District No. 5422

37  
0  
0

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

1. PLACE OF DEATH:  
(a) County Gasconade  
(b) City or town Rosebud, Rural Canaan Twp  
(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 Mo. (b) County Gasconade  
(c) City or town Rosebud  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Canaan Twp  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25  
year 1942 hour 2 minute 15 P.M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Wm John Johnston  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 3 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 27 1941  
\_\_\_\_\_ 19\_\_\_\_, to Apr 25 1942  
that I last saw him alive on Apr 24  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Myocarditis  
& chronic Nephritis

9. Birthplace St. Thomas Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death)  
1318

11. Industry or business Home

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Harman  
13. Birthplace Unknown 1 Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Amey Hampton  
15. Birthplace Unknown 1 Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Johnston  
(b) Address Rosebud, Mo

17. (a) Burial (b) Date thereof 4-27-42  
(Burial, cremation, or removal) (Month)(Day) (Year)

(c) Place: burial or cremation Rosebud ME. Cem. Rosebud, Mo

18. (a) Signature of funeral director Appreyev Murray  
(b) Address Owensville, Mo

19. (a) Apr 28 1942 (b) Walter H. Ash  
(Date received by registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury 0  
23. Signature Walter H. Ash (M. D. or other)  
Address Rosebud, Mo Date signed \_\_\_\_\_

877

**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.....

*Cavity injection only*....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *Owensville 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, above space should be left blank.**