S. No. 2
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I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

14921

State File No.

Registration District No. 547 Primary Registration District No. 2029 Registrar's No. 113

**1. PLACE OF DEATH:**

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community: Entire life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Marion

(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No.: 1259 Broadway
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ruth Keller Johnston

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Oscar C. Johnston

6. (c) Age of husband or wife if alive: about 75 years

7. Birth date of deceased: August (Month) 22 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 30 If less than one day — hr. — min.

9. Birthplace: Louisville (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: at home

11. Industry or business: —

FATHER
12. Name: not known
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: Mary Griggs

(b) Address: 2302 Chestnut, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Roy P. LeFevre

(b) Address: 1000 Broadway, Hannibal, Mo.

19. (a) 4/24/42 (Date received by local registrar) (b) P. W. Connor (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 21 year 1942 hour 11 minute — A. M.

21. I hereby certify that I attended the deceased from April 10 1942 to April 21 1942 that I last saw her alive on April 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia — Duration

Due to: Carcinoma of Pancreas

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Operations: Cholelithiasis and Carcinoma of Pancreas

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: 0

23. Signature: B. J. Murphy (M. D. or other) MD

Address: Hannibal Mo. Date signed 4-22-42

1146 (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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1100 Bdwy, Hannibal, 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.**