

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41168

FILED JAN 15 1943

State File No. _____

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 109

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town CANTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years years, months or days

3. (a) PRINT FULL NAME MARGARET JOHNSTON BEACH

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 30 1853 (Month) (Day) (Year)

8. AGE: Years 89 Months — Days 1 If less than one day hr. min.

9. Birthplace SARNIA ONTARIO CANADA (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business FARMING

12. Name ROBERT JOHNSTON

13. Birthplace Unknown, Ireland (City, town, or county) (State or foreign country)

14. Maiden name MARGARET PERRY

15. Birthplace Unknown, Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. RUDIE STORR

(b) Address CANTON MO

17. (a) BURIAL (b) Date thereof 1 3 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON MO

18. (a) Signature of funeral director H. B. Dodson

(b) Address CANTON MO

19. (a) 1-5-43 (b) P. W. Fleming (Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LEWIS
(c) City or town CANTON (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. Life years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 8, 1941, to Dec 31, 1942 that I last saw her alive on Dec 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Due to Septicemia

Due to Smoking

Other conditions 928 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature H. B. Dodson (M. D. or other) DO
Address CANTON, MO. Date signed 1/4/43

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

56
0

56
0

Duration

20 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

9481/ (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-43-96

Date Filed Jan-11-1943

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

W. L. Kelly

Licensed Embalmer No. 1955

P. O. Address

Canon 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.