

FILED FEB 26 1943 7  
Registration District No. 18

Primary Registration District No. 5-694

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe - Rural  
(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 1 (Specify whether  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Livingston Co.  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1943 - hour - 4:30 minute P. M.  
21. I hereby certify that I attended the deceased from Jan 8  
to Feb 11 1943  
that I last saw her alive on Feb 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart  
Duration 1 mo

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
15 17.8

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?

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature R. Brennan (M. D. or other)  
Address Chillicothe Mo Date signed 2/12/43

3. (a) PRINT FULL NAME Janet Irene Johnston  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Jan - 8 - 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
✓ 1 - 3 ✓ hr. - min.

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER  
12. Name George R. Johnston  
13. Birthplace Abencid Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Gladys Jones  
15. Birthplace Chillicothe Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant George R. Johnston  
(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof 2-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edge wood Cem

18. (a) Signature of funeral director James D Gordon

(b) Address Chillicothe Mo

19. (a) Feb 11-1943 (b) Lou Ella Curry  
(Date received local registrar) (Registrar's signature)

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

59  
0  
0

1158

2/12/43

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**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

*James D. Gordon*

Licensed Embalmer No. *1870*

P. O. Address

*Chillicothe 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.**