

APR 14 1943
Registration District No. **27**

Primary Registration District No. **3005**

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

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Morling Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years**
In this community **2 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William H. Johnstone**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 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 **Nov. 13 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **3** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
10. Usual occupation **retired farmer**

11. Industry or business _____
12. Name **Johnstone** **9**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **no record**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beulah Morling**
(b) Address **402 N. High**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-4-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Green lawn**
18. (a) Signature of funeral director **Booths**
(b) Address **Butler Mo.**
19. (a) **March 4, 1943** (Date received local registrar) (b) **Mrs. Maxine Cumpston** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **Butler** (If outside city or town limits, write "RURAL")
(d) Street No. **402 N. High** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **3** year **1943** hour **11** minute **7** M.
21. I hereby certify that I attended the deceased from **April 15** 19**43** to **March 3** 19**43** that I last saw him alive on **March 2** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cerebral Hemorrhage
Due to **Chronic Myocarditis**
Due to **Chronic Intestinal Defect**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **1310**
Of autopsy **no**
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 **Geo. A. York Jr.** (M. D. certifier) Address **Butler, Mo.** Date signed **3/4/43**

RECEIVED

District Health Officer No. 7,

District File Number 3-43-84

Date Filed 4-10-43

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address.....

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.