

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 382

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns

(d) Length of stay: In hospital or institution all life

In this community all life

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin 5

(d) Street No. 1915 Burk

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

3. (a) PRINT FULL NAME Helen Johnston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 10 minute a.m.

21. I hereby certify that I attended the deceased from 7-7-1943 to 7-12-1943 that I last saw her alive on 7-12-1943 and that death occurred on the date and hour stated above.

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 September 29, 1925

Immediate cause of death Eclampsia - Hypertensive - Hyperloosening

Due to Preg. toxemia

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

Other conditions \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	17	9	13	hr. _____ min. _____

9. Birthplace Joplin Mo.

10. Usual occupation \_\_\_\_\_

11. Industry or business Student

12. Name George Johnston

13. Birthplace Joplin Mo.

14. Maiden name Lillian Johnston

15. Birthplace Joplin Mo.

Major findings: Eclampsia - Hypertensive - Hyperloosening

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant George Johnston

(b) Address 1915 Burk Joplin Mo.

17. (a) Burial (b) Date thereof 7-15-43

(c) Place: burial or cremation Oak Memorial

18. (a) Signature of funeral director Marshall Dillon

(b) Address Joplin Mo.

19. (a) 7-13-43 (b) \_\_\_\_\_

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? \_\_\_\_\_

(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 \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed 7-12-43

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

49  
5

MOTHER FATHER

1204

(Licensed Embalmer's Statement on Reverse Side)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

45-1-593

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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.....

*David Dillon*

Licensed Embalmer No.....

3898

P. O. Address.....

*Joplin, 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.**