

S. No. 2
M-542
5-17-37
1 X31

29133

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 9 1943
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME Telitha Emma 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
6. (b) Name of husband or wife Tom Johnston 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec 25 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Randolph Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Charles Tomlinson

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

14. Maiden name Lucinda Vincent

15. Birthplace Memor Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Johnston

(b) Address Moberly, MO

17. (a) burial (b) Date thereof 8-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day View Cemetery

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Moberly MO

19. (a) 8-17-43 (b) Irma Kave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 18
year 1943 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from aug 1, 1943 to aug 18, 1943
that I last saw her alive on aug 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (chronic) Duration months

Due to Hypertension

Due to 930

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (b) Means of injury

23. Signature G. L. McCormick (M. D. or other) MD
Address Moberly MO Date signed 8-18-43

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

RECEIVED

District Health Officer No. 10

District File No. 9-43-1468

Date Filed SEP 8 1949

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

Saul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, MD.

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.