

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36026

State File No.

Registrar's No.

Registration District No. 360

Primary Registration District No. 6224

99

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo. R.F. #3  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Center Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada Mo. R.F. #3  
(If outside city or town limits, write "RURAL")

(d) Street No. Center Township  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) FULL NAME MARGARET E. JOHNSTON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24  
year 1943 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Sept 24 1943  
that I last saw her alive on Sept 23 1943  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married 2 divorced

6. (b) Name of husband or wife Hugh Johnston 6. (c) Age of husband or wife if divorced  
Mar 8 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions none

Major findings: Of operations none

Of autopsy none

Duration Sept 23 1943

Physician Don't know

8. AGE: Years 18 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fountain Co. Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Horse Keeper

11. Industry or business \_\_\_\_\_

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? \_\_\_\_\_

MOTHER FATHER

12. Name not known

13. Birthplace not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Johnston

(b) Address 1315 Empingham Mason, Ill.

17. (a) Buried (b) Date thereof 9 27 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cem.

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo

19. (a) 10-8-43 (b) Hazel B. Beuck  
(Date received local registrar) (Registrar's signature)

23. Signature W. Love (M. D. or other) MD

Address Nevada, Mo Date signed Sept 24/43

RECEIVED

District Office Officer No. 7,

District File Number 10-43-1217

Date Filed 11-9-43

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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, MO

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Mike E. Ferry

Licensed Embalmer No. 1482

P. O. Address Nevada 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.**