

No. 2
1-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41640

State File No. 1341

FILED JAN 4 1944

Registration District No. 2

Primary Registration District No. 1885

Registrar's No. 1341

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2201 Edmond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2201 Edmond
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josie Helen Johnston

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Guy Johnston

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 7 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	4	25	hr. min.

9. Birthplace Benson Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {

12. Name Peter Kvam

13. Birthplace _____ Norway 4
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Fretland

15. Birthplace _____ Norway 4
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Johnston

(b) Address 2201 Edmond

17. (a) burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director *John Bertels & Sons*

(b) Address 319 South 10th

19. (a) 12/3/43 (b) *Rose Hergog*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 1 - 1943 to Nov 15 1943
that I last saw her alive on Nov 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Met. carcinoma of left lung.

Due to Carcinoma of left breast. 1939.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy none

Duration 2/43

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? _____

23. Signature *Frank Carls* (M. D. or other)
Address 670 Hayes St. Date signed 12/6/43
(Specify type of place) (e) Means of injury

12-3 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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

Dr. F. X. Martigan
Kirkpatrick Bldg. 307

MAY 10 1946

AUG 4 1946

AUG 25 1951

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.