

FILED FEB 10 1948 7

Primary Registration District No. **3023**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County Henry Clinton  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community see of Lake years, months or days

3. (a) PRINT FULL NAME TOM JOHNSTON

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

4. Sex M 5. Color or race W 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 Oct 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Clair County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Steel Ruckey

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

12. Name James R. Johnston  
13. Birthplace Warren County, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Harriet Kibler  
15. Birthplace Warsaw, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bailey Warren

(b) Address Ossage, Mo.

17. (a) Burial (b) Date thereof 1-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director Ossage, Mo.

(b) Address Ossage, Mo.

19. (a) January 28, 1944 (b) Registrar's signature S. S.  
Date received local registrar (Register's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
(c) City or town Ossage Rural (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from 10-19, 1943, to 1-26, 1944; that I last saw him alive on 1-25, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left heart year \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 60

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 T. H. J. Angler, Jr. (M. D. or other) M.D.  
Address Ossage, Mo. Date signed 1-27-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 1-44-1024

Date Filed 2-9-44

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 Paul F. Frestone

Licensed Embalmer No. 3990

P. O. Address Osceola, 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.