

S. No. 2
M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7661

FILED MAR 11 1944

State File No. _____

Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn

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

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

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

In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Laclede
(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 _____

3. (a) PRINT FULL NAME DELLA MARGARET JOHNSTON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1944 hour 11 minute 45 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband Arthur E. Johnston

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

7. Birth date of deceased September 22 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1939 to Feb. 1944
that I last saw h. e. s. alive on Feb. 13 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 4 21 hr. min.

Immediate cause of death Myocardial degeneration

Due to Cancer of Lung 2 yrs.

9. Birthplace Bethel, Shelby Co. Missouri
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation House wife

Major findings: _____

Of operations _____

11. Industry or business At her home

Of autopsy _____

12. Name William Kraft

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

14. Maiden name Wilda Schmauf

15. Birthplace Bethel, Shelby Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur E. Johnston
(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof 2-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem.

18. (a) Signature of funeral director M. S. James
(b) Address Laclede, Linn Co. Mo.

19. (a) Feb. 15, 1944 (b) Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Donald R. James (M. D. or other) D.O.
Address Feb. 15, 1944 Date signed 2-15-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

58
0
0

58

464

(Licensed Embalmer's Statement on Reverse Side) Laclede, Mo.

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 W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address La Cade, 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.