

7. S. No. 2
DOM-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22716**

FILED JUL 10 1944

Registration District No. **354**

Primary Registration District No. **6197**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **TEXAS**
(b) City or town **ON Highway 60 west of Cabool**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **About 3 mi. west of Cabool**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3** **10** **ys** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **TEXAS 107**
(c) City or town **Cabool** (If outside city or town limits, write "RURAL") **10**
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **(f)**

3. (a) PRINT FULL NAME **HELEN IRENE JOHNSTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-24-9222**

4. Sex **F!** 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
(Day) (Year)

7. Birth date of deceased **Aug 5 1923**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 10 9 hr. min.

9. Birthplace **Shannon City Iowa!**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK + NURSE AID.**

11. Industry or business _____

12. Name **JAMES A. Johnston**

13. Birthplace **Iowa!**
(City, town, or county) (State or foreign country)

14. Maiden name **IDA CRUM**

15. Birthplace **Ind!**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida Johnston**
(b) Address **Cabool mo**

17. (a) **BURIAL** (b) Date thereof **June 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cabool**
(a) Signature of funeral director **Gaylord V. Elliott**
(b) Address **Cabool mo**

19. (a) **June 15/44** (b) **Mrs Lou Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **14**
year **1944** 11 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Unavoidable Accident**
caused by car in
riding, colliding with
the rear end of a truck
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **(Head crushed)**
Of autopsy **1700-6**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ **107**
(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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **R. J. Sheppard** (M. D. or other) _____
Address **Houston mo** Date signed **June 15/44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

107
0
0

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 744405

Date Filed 7-8-44

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 Gaylord V. Elliott
Licensed Embalmer No. 9252
P. O. Address Cabool 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.