

FILED SEP 12 1944

Registration District No. **17**

Primary Registration District No. **3008**

Registrar's No. **273**

14
1
2

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township.)
 (c) Name of hospital or institution: State Hosp. # 12
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital of institution Aug. 13-1944
(Specify whether)
 In this community 5 years, months or days

3. (a) PRINT FULL NAME Minnie C. Johnston
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife B. C. Johnston
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased Feb 21 1888
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Leudovig

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

14. Maiden name W. W. Johnston

15. Birthplace W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Richard

(b) Address _____

17. (a) Removal (b) Date thereof 8-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eving Mo.

18. (a) Signature of (funerary) director Wm. J. Maupin

(b) Address Fulton Mo.

19. (a) 8-24-1944 (b) Jesse M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jewett
 (c) City or town Maywood
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
 year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-22-1942 to 8-23-1944
 that I last saw him alive on 8-23-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo carditis cerebral arterio-sclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. E. Leonard (M. D. or other) _____

Address Fulton Mo Date signed 8/23/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

9-9-44

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

J. V. Pearson

Licensed Embalmer No.

2555

P. O. Address

Fuller 7nd

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.