

FILED **AUG 22 1944**  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **649**

39  
2  
6

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

**1. PLACE OF DEATH:**

(a) County **GREENE**

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

(c) Name of hospital or institution: **Burge 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 **11 hr. 52 Minutes**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1504 E. Park Drive**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Charles Terry Johnston**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **8<sup>th</sup>**  
year **1944** hour **11** minute **25 A.M.**

**21. I hereby certify that I attended the deceased from** **Aug 7, 1944**  
to **Aug 8, 1944**  
that I last saw him alive on **Aug 8, 1944**  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or face **White** 6. (a) Single, widowed, married, divorced, **Infant**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **August 7, 1944**  
(Month) (Day) (Year)

Immediate cause of death **Alkcatosis**

**8. AGE:**

Years	Months	Days	If less than one day
-	0	0	11 hr. 52 min.

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

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

Other conditions (Include pregnancy within 3 months of death) **161a**

9. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

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

12. Name **Max B. Johnston**

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

14. Maiden name **Christine Dawson**

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

16. (a) Informant **Mrs. Marie Dawson**

(b) Address **1054 E. Park Drive Springfield, Mo.**

17. (a) **Removal** (b) Date thereof **8-9-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corning, Iowa**

18. (a) Signature of funeral director **Alma Johnson**

(b) Address **Springfield, Mo.**

19. (a) **8-11-44** (b) **W. H. Hurdle**  
(Date received local registrar) (Registrar's signature)

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

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_

23. Signature **W. B. Butler** (M. D. or other) **MD**  
Address **Springfield, Mo.** Date signed **8-4-44**

**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 Keith Collier  
Licensed Embalmer No. 3532  
P. O. Address Springfield, 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.**