

S. No. 2
OM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31608

State File No.

FILED SEP 20 1944

Registration District No.

Primary Registration District No. 4450

Registrar's No. 1976

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Douglas
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
(c) City or town Douglas
(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 Francis L. Johnston

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Feb. 24, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 13 If less than one day _____ min.

9. Birthplace Mober city Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dor Towell

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Deboer

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo. Dudley 2530

(b) Address Chutey st. St. Louis mo.

17. (a) Burial (b) Date thereof Jan. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewels cent.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Douglas mo.

19. (a) 7-12-44 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6.
year 1944 hour 5 minute 45

21. I hereby certify that I attended the deceased from Jan 4th 1944 to Jan 5th 1944
that I last saw or alive on Jan 5th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (lobar) Duration 4 days

Due to _____

Due to _____

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

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? _____

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

23. Signature Clifford G. Goff (M. D. or other) _____

Address Douglas mo. Date signed _____

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

MOTHER FATHER

DEC 13 1944

SEP 22 1944

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 *Leslie D. Russell*

Licensed Embalmer No. *3855*

P. O. Address *Coaling Ark.*

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.