

FILED NOV 13 1945

Registration District No. 160

Primary Registration District No. 30.30

Registrar's No. 239

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Festus Mo. Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus Mo. Rural
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Aaron Carl Johnston

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie Watters 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased January - 26 - 1897

8. AGE: Years Months Days If less than one day
48 8 14 hr. min.

9. Birthplace Rush Powell Mo.

10. Usual occupation Steam Boat Pilot

11. Industry or business Lewis Howard Johnston

12. Name Lewis Howard Johnston
13. Birthplace Zanesboro Ohio
14. Maiden name City Griffin
15. Birthplace Rush Powell Mo.

16. (a) Informant Mrs Carl Johnston

(b) Address Festus Mo. R. F. D. #1

17. (a) Burial (b) Date thereof _____
(c) Place: burial or cremation Griffin Cemetery

18. (a) Signature of funeral director J. S. Vinyard

(b) Address Festus Mo.

19. (a) Oct 12 1945 (b) Virginia Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th
year 1945 hour 8:30 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 By gun shot by his own hand by his
Due to (Verdict of jury)
Due to _____

Other conditions _____

Major findings: Of operations _____
Of autopsy None

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

(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct 10th 1945
(c) Where did injury occur? Rush Powell Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes home

While at work? _____ (Specify type of place)
(c) Means of injury Shot gun

23. Signature J. B. Edwards (M. D. or other) Corcor
Address Corcor Hill Date signed 10/10/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-10-45

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.....

Licensed Embalmer No. 3010

P. O. Address..... Lehigh Ave

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.