

FILED NOV 13 1945
Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Goldman, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Goldman, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phoebe E. Johnston

3. (b) If veteran, name war 35-- 3. (c) Social Security No. ---

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martin Johnston 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 26, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter A Warner

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

14. Maiden name Flora E. Tate

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

16. (a) Informant Mr. Martin Johnston

(b) Address Pevely, Mo.

17. (a) Burial (b) Date thereof Oct 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandy Cemetery

18. (c) Signature of funeral director Heiligtag Fun. Home

(b) Address Kimmswick, Mo.

19. (a) Oct. 20, 1945 (b) Virginia Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2/19/44
_____, 19____, to Oct 18, 1945
that I last saw h. ex alive on Oct 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Malignant Hypertension
& arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Virgine D. ... (M.D. or other)
Address Hermitage, Mo. Date signed 10/19/45

Duration

2 days

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Arthur W. Keiligter

Licensed Embalmer No. 3802

P. O. Address.....

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.