S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34911

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 125

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 942 West Walnut 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 107

(c) City or town Nevada Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 949 W. Walnut 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William Johnston

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Lola Johnston

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 8 (Day) 1865 (Year)

8. AGE: Years 80 Months 7 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Robert Johnston
13. Birthplace — (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Jane Johnston
15. Birthplace — (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs. Mae Gardner

(b) Address Sheldon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 2 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemet

18. (a) Signature of funeral director Ferry Tin Home

(b) Address Nevada Mo

19. (a) 10-31-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1945 hour Oct minute a M.

21. I hereby certify that I attended the deceased from Jul 1, 1940 to Oct 29, 1945
that I last saw him alive on 10/29, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis Agitan	
Due to Unown	
Due to	8 Yr
Other conditions Bry (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) V

(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 J. Myater (M. D. ~~or other~~)

Address Nevada Mo Date signed 10/31/45

1499 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
Di[illegible] Officer No. 7,
Distr[illegible] 10-45-1068
Date Filed 11-7-45

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed L. B. Feny

Licensed Embalmer No. 1760

P. O. Address Nevada 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.