

FILED MAR 1 1946
Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(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)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Several months
years, months or days)

3. (a) PRINT FULL NAME Newton C Johnston
3. (b) If veteran, name war World War II 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased 1-16-1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Robt Johnston

13. Birthplace Morris Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Effie Lambert

15. Birthplace Morris Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Johnston

(b) Address Moberly Mo

17. (a) burial (b) Date thereof 1-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lawrence Thompson

(b) Address Moberly Mo

(a) Jan 11-46 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 414 Taylor
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 5 minute 6 M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19...
that I last saw h. alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164

Of autopsy

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan 9 - 1946

(c) Where did injury occur? 404 Taylor Moberly
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? no (Specify type of place)

(e) Means of injury gunshot

23. Signature RH Williams (M. D. or other)

Address Coroner Randolph Co Date signed 1-11-46

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

APR 3 1946

RECEIVED 2 1946
AUG 2
District Health Officer No. 10
District File Number 2-46-356
Date Filed FEB 28 1946

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 *Mr. Fred A. Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Madison, Wis*

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.