S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19104

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 85

**1. PLACE OF DEATH:**

(a) County Saline

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

(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 526 E. Mitchell 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bert Franklin Johnston

3. (b) If veteran, name war #

3. (c) Social Security No. 487-12-5119

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lelia Larimore

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased August 26 1915
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Foreman -Cheverlet Garage

FATHER
12. Name Frank O. Johnston
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Huggins
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena B. Johnston
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof May 10 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director A. Leslie Sussney
(b) Address Marshall Mo.

19. (a) May 10 1946 (b) Mrs T O Westbrook
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7
year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2 P. M. May 7, 1946 to 8:15 P. M. 5-7, 1946
that I last saw him alive on 5-7, 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 9 hrs |
| 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 W. R. Mayer M.D. (M. D. or other)
Address Marshall, Mo. Date signed 5-8-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-11-46

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**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 J. Leslie Summey

Licensed Embalmer No. 2235

P. O. Address Marshall, Tex.

**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.**