

S. No. 2
1-8-43
5-17-39
PI 2-2-43

FILED AUG 7 1946

Primary Registration District No. **3042**

Registrar's No. **249**

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

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution **St. Elizabeth 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 _____ years, months or days

3. (a) PRINT FULL NAME **Jessie Johnston**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Wilson** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **June 14, 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	1	hr. _____ min. _____

9. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER, FATHER

12. Name **John Brinker**

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

14. Maiden name **Mrs. Sweets**

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

16. (a) Informant **Wilson Johnston**

(b) Address **625 Fullerton, Hannibal, Mo**

17. (a) **Burial** (b) Date thereof **July 17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Olive Cem**

18. (c) Signature of funeral director **James O'Hanney**

(b) Address **Hannibal, Mo**

19. (a) **7-22-46** (b) **Dr. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

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

(d) Street No. **625 Fullerton**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
year **1946** hour _____ minute **3:30 P.M.**

21. I hereby certify that I attended the deceased from **July 11**, 19**46** to **July 15**, 19**46**
that I last saw him alive on **July 15**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sublethal infarction**
Duration **4 days**

Due to **Same stone in small bowel**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **as above**

Of operations _____

Of autopsy **12/1/46**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other)

Date signed **20 July 22-46**

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

H. M. O'Donnell

Licensed Embalmer No.

3889

P. O. Address

Samuel 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.