

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **29298**

Registration District No. **336**

Primary Registration District No. **6128**

Registrar's No.

1. PLACE OF DEATH:
 (a) County **Shannon**
 (b) City or town **Eminence**
(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 **40 Yrs.**
(Specify whether years, months or days)
 In this community **40 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Leroy Johnston**
3. (b) If veteran, name war **3. (c) Social Security** No.

4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Ella** **6. (c) Age of husband or wife if alive** **68** years
7. Birth date of deceased **Feb. 22 1878**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **11** If less than one day
 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER

12. Name **Pierce Johnston**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emalina Ledbetter**
(City, town, or county) (State or foreign country)
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella Johnston**
(b) Address **Eminence, Mo.**

17. (a) Burial **(b) Date thereof** **8-5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Muncell Chapel**
Phil A. Leuckel

18. (a) Signature of funeral director **Van Buren Mo.**
(b) Address

19. (a) 8-8-46 **(b) Mabel Roen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Shannon** **101**
 (c) City or town **Eminence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Aug.** day **3** year **1946** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
 Due to _____
 Due to _____

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

Major findings: **None**
 Of operations _____
 Of autopsy _____

Duration

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? **3**

While at work? _____ (Specify type of place)
(e) Means of injury **Car**
23. Signature **Frank Doyle** (M. D. or other) _____
 Address **Eminence** Date signed **8-5-46**

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

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 8-3-46

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

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren St

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.