

S. No. 2
-12-45
5-17-39
X47070

FILED APR 23 1947

Registration District No. **228** Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
449 East Monroe Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTHUR T. (ART) JOHNSTON

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Audrey K. Johnston

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

7. Birth date of deceased August 15, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	20	hr. min.

9. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Engine Foreman (Frisco)

MOTHER FATHER

12. Name Francis M. Johnston

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Profile (Last name unknown)

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

16. (a) Informant Mrs. Audrey K. Johnston /

(b) Address 449 East Monroe Street

17. (a) Burial Burial (Burial, cremation, or removal)

(b) Date thereof 4/7/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 4-11-47 (Date received local registrar)

(b) W E Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 449 East Monroe Street 6
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1947 hour 4: minute 00 A. M.

21. I hereby certify that I attended the deceased from 4-4 1947 to 4-5 1947 that I last saw him alive on 4-4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac - Renal - Vascular Disease 10-12 yrs. Duration

Due to _____

Due to _____

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

Major findings: AMD

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?

While at work? _____ (Specify type of place)

23. Signature Max [unclear] (M. D. or other)

Address Springfield, Mo Date signed 4-8-47

MAY 8 1947

APR 28 1947

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 Julian R. Goodwin, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell C. Under
Licensed Embalmer No. 2831
P. O. Address Springfield, 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.