

FILED MAY 6 1947

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Nevada**
(b) City or town **Nevada**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Nevada Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nevada**
(c) City or town **Nevada**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR** day **30**
year **1947** hour **3** minute **05 P.M.**
21. I hereby certify that I attended the deceased from **16 MAR**
47 to **30 MAR** 19**47**
that I last saw him alive on **30 MAR** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **ATYPICAL**
DIFFUSE BRONCHIAL
PNEUMONIA
Due to **INFLUENZA**

Duration
11 DAYS

Other conditions **ANEMIA SECONDARY** **3MO**
(Include pregnancy within 3 months of death)

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

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) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? (City or town) (County) (State)
no
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
While at work? (Specify type of place) Means of injury **no**

23. Signature **R. B. Gray** (M. D. or other)
Address **Nevada Mo** Date signed **30 APR 47**

3. (a) PRINT FULL NAME

Harry J. Johnston
3. (b) If veteran, name was **World War 2** 3. (c) Social Security No. **486-24-0640**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Beryl Johnston** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **Sep 22 1918**
(Month) (Day) (Year)

8. AGE: Years **28** Months **6** Days **7** If less than one day hr. min.

9. Birthplace **Sheldon Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman in Appliances**

11. Industry or business

12. Name **Harry J. Johnston**

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

14. Maiden name **Grace Mann**

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

16. (a) Informant **Mrs Beryl Johnston**
(b) Address **Nevada Mo**

17. (a) **Burial** (b) Date thereof **4-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newton Burial Park**

18. (a) Signature of funeral director **Allen T. Kay**
(b) Address **Nevada Mo**

19. (a) **4-30-47** (b) **Ruthy J. Jansen**
(Date received local registrar) (Registrar's signature)

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

Date Filed 5-5-47
District File Number 4-47-524
District Health Officer No. 71

RECEIVED

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

Signed Allen V. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada, 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.