No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26834

Primary Registration District No. 1000

Registrar's No. 1029

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1702 Jules
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Michael M. Johnston
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Ann Johnston
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 25 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	28	hr. min.

9. Birthplace: Ottumwa (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired Switchman
11. Industry or business: C. B. & Q. R. R. Co.

FATHER
12. Name: Michael M. Johnston
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Mulligan
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mrs. Loyd A. Walker
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 8-29-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 4, 1947, to Aug 23, 1947, that I last saw him alive on Aug 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis general	?
Arteriosclerotic kidney &	?
Due to heart disease	
Due to Uremia chronic	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: L. P. Lemon (M. D. or other) M.D.
Address: St. Joseph Mo Date signed: 8-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1943

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 James R. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3190 10th St. Joseph

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.