

S. No. 2  
1-12-45  
7-5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42502**  
Registrar's No. **278**

FILED DEC 26 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **3048**

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution:  
**St. Francis 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 **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **421 West 11th**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **None**

3. (a) PRINT FULL NAME **ED M. JOHNSTON**

3. (b) If veteran, name war **\*\*\*\*\***

3. (c) Social Security No. **\*\*\*\*\***

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12th**  
year **1947** hour **7** minute **40** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **Dec 12 1947**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Nora Johnston**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **September 6, 1878**  
(Month) (Day) (Year)

that I last saw him alive on **Dec 6 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion skip**

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>3</b>	<b>6</b>	<b>*****</b> <small>hr. * * * min.</small>

Due to **coronary occlusion**

Due to **Ornithobacterium**

Other conditions **(include pregnancy within 3 months of death)**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

10. Usual occupation **Farmer-Retired**

11. Industry or business **None**

12. Name **Augustus Johnston**

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

14. Maiden name **Henrietta Woods**

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

16. (a) Informant **Nora M. Johnston**

(b) Address **Maryville, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 15, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Pine Funeral Home**

(b) Address **120 East 1st, Maryville, Mo.**

19. (a) **Dec. 15, 1947** (b) **Bess**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy **947**

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature **D. F. Byland** (M. D. or other) **MD**

Address **Maryville Mo** Date signed **12/12/47**

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

JUL 20 1919

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 Clem M. Price  
Licensed Embalmer No. 1822  
P. O. Address Mayville, 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.