

60243

Health Officer No. 3,

Case No. 14841

Reg. No. 121-48

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

44647

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *2-N*

FILED FEB 17 1948

Registration District No. *354*

Primary Registration District No. *6201*

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *Texas*
(b) City or town *Sargent*
(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 _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME *Carl Ray Johnston*

3. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Nov. 12 1912*
(Month) (Day) (Year)

8. AGE: Years *2* Months *1* Days _____ (Less than one day) hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation *Student Johnston*

11. Industry or business *Kansas*

12. Name _____

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

14. Maiden name *Alice Gascard*

15. Birthplace *Don't know* (City, town, or county) (State or foreign country)

16. (a) Informant *Arthur Johnston*

(b) Address *Texas County*

17. (a) (Burial, cremation, or funeral) _____ (b) Date thereof *12-31-47*
(Month) (Day) (Year)

(c) Place: burial or cremation *Solid Rock Cemetery*

18. (a) Signature of funeral director *Burn & Sons*

(b) Address *Willow Springs, Mo*

19. (a) *Feb 3* (Date received local registrar) *Gaynell Cunningham* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year *1947* hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death *unk*

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature *J. R. W. Omack* (M. H. & other) *Johnston, MO* Date signed *12-31-47*

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

SUPPLEMENTARY

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File No. 14841

Date Filed 1-21-48

5-44647