

FILED FEB 3 1948

Registration District No.

Primary Registration District No. 3004

Registrar's No. 2296

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 Missouri (b) County Barton **6**
(c) City or town Lamar **1**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. _____
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME RONNIE DON JOHNSTON

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

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

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

7. Birth date of deceased Jan 12 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation XX

11. Industry or business _____

12. Name Forest Don Johnston

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

14. Maiden name Alberta Medlin

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

16. (a) Informant Forest Don Johnston

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Jan 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) JAN 14 1948 (b) Marsie Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1948 to Jan 13, 1948
that I last saw him alive on Jan 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Birth Injury and anoxemia

Due to Breech Delivery and Pelvic Disproportion

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

Major findings: Of operations 1600

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)
(c) Means of injury 0

23. Signature Juan T. Bidel (M. D. or other) M.D.
Address Lamar, Mo Date signed 1/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 6,
District File Number 148-122
Date Filed JAN 29 1948

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.....

Frank W. Denton....., Registered Apprentice No. 7
working under my personal supervision.

Signed.....

Carl F. Menantz
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.