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 FEB 24 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5130

State File No. 4081
Registrar's No. 218

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural, Rush Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Miles South of Rushville (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): 1 year
In this community: 1 year

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

3. (a) PRINT FULL NAME: EMMA MAY JOHNSTON
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Robert Johnston
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 30 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	15	hr. min.

9. Birthplace: Sacramento, California (City, town, or county) (State or foreign country)
10. Usual occupation: housework
11. Industry or business:
FATHER 12. Name: Thomas Frederick
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Hulda Waters
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Harold Johnston
(b) Address: Rushville, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 2/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem., Atchison, Ks.
18. (a) Signature of funeral director: Dawin-Douglass
(b) Address: Atchison, Kansas
19. (a) 2-21-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1948 hour 9:00 minute A M.
21. I hereby certify that I attended the deceased from Jan 22, 1948, 19..., to Feb 15, 1948, 19...; that I last saw her alive on Feb 8, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	2 yrs
Due to: Arteriosclerosis	5-10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
While at work? (e) Means of injury:
23. Signature: Chas. S. Bradley M. D.
Address: Professional Bldg. Atchison, Kansas Date signed: 2/18/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 J. M. Dyer

Licensed Embalmer No. 4320

P. O. Address Atchison, Ka

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.