S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948
Registration District No. 747

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19330
Primary Registration District No. 3025
Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town West Plains 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Russell Chas. Johnston
3. (b) If veteran, name war ✓
3. (c) Social Security No. 486.24.3058

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Stella J. Johnston
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 7-28-1918 (Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Bakersfield, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Lease Moore Milling Co.
FATHER
12. Name Alfred Johnston
13. Birthplace Arkansas 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Halbrook
15. Birthplace Iowa 1 (City, town, or county) (State or foreign country)
16. (a) Informant Stella Johnston
(b) Address West Plains, Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Homeland
18. (a) Signature of funeral director Robertsons
(b) Address West Plains Mo
19. (a) July 1-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 2 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1948 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from May 10, 1948, to 5-13-, 1948; that I last saw him alive on May 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
9 4 10

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 E. C. Bohrer (M. D. or other) MD
Address West Plains Mo Date signed 5-26-48
E. C. Bohrer

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

RECEIVED 7-6-48
District Health Officer No. 5,
District File Number 748430
Date Filed 7-6-48

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 Robert L. Drago, Registered Apprentice No. 432, working under my personal supervision.

Signed D. D. Roberts

Licensed Embalmer No. 3432

P. O. Address Westlaw, 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.