

FILED JUL 30 1948

Registration District No. 198Primary Registration District No. 4284Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lewis
 (b) City or town La Belle, Missouri
 (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 Life _____ (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMERobert E. 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 Married

6. (b) Name of husband or wife: Jennie E. Johnston 6. (c) Age of husband or wife ifalive 75 years7. Birth date of deceased: March 27 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>20</u>	hr. _____ min.

9. Birthplace Hamburg Iowa
 (City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name Clark Johnston
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Cornelia Yager
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Ernest E. Johnston
 (b) Address La Belle17. (a) Burial (b) Date thereof 7/28/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LA Belle Cemetery18. (a) Signature of funeral director [Signature]
 (b) Address La Belle, Missouri19. (a) 7-19-48 (b) P. St. Jennings, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
 (c) City or town La Belle, 3
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1948 hour 4 minute 39 M.21. I hereby certify that I attended the deceased from April 9 to July 17, 1948that I last saw him alive on July 17, 1948 and that death occurred on the date and hour stated aboveImmediate cause of death Coronary Heart failure Duration 2 hrs 15Chronic Vascular renal disease

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
Of operations 1370

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1370
 Address La Belle Mo Date signed 7/17/48

RECEIVED

District Health Officer No. 10

District File Number 7-48-135

Date Filed JUL 28 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

Charles L. Arnold, Sr., Registered Apprentice No. 61
working under my personal supervision.

Signed

J. L. Coder Jr.
Licensed Embalmer No. 4328

P. O. Address La Belle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.