

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25893

State File No.

FILED SEP 1 1948

Registration District No. 705

Primary Registration District No. 5419

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Clarkton (Rural Pt. #1)
(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 21 days (years, months or days)

3. (a) PRINT FULL NAME SIDNEY BRASS 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 widowed

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

7. Birth date of deceased November 29 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Randolph Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jim Johnston
13. Birthplace _____
14. Maiden name Altha M. Dancy
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Johnston
(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper

18. (a) Signature of funeral director N. S. Mcnabb
(b) Address Focalouta, Arkansas

19. (a) 7-12-48 (b) Fred Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Randolph
(c) City or town Maynard
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1948 hour 12 minute 5 A. M.

21. I hereby certify that I attended the deceased from 7-6-48
1948, to 7-6-48 1948
that I last saw him alive on same 7-6-48
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure

Due to senility

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) (c) Means of injury _____

23. Signature J. B. Hopkins (M. D. or other)
Address Paris, Mo. Date signed 7-7-48

RECEIVED

District Health Office No. 2

District File Number 848-1094

Date Filed 8-31-48

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.....

A. G. McNabb

....., Registered Apprentice No.....

working under my personal supervision.

Signed *A. G. McNabb*

Licensed Embalmer No. 610

P. O. Address Pocahontas, Arkansas

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.