

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18423**
Registrar's No. **78**

FILED MAY 18 1943/2
Registration District No. **5780**

Primary Registration District No. **5780**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **Rural - Saline Twp**
(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 **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HENRY - VAN - Johnston**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **MALISSY - Hoeback (2nd)** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **April 8 1886** (Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **19** If less than one day **—** hr. **—** min.

9. Birthplace **MERCER - Co - Ohio** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

MOTHER FATHER { 12. Name **Rebecca**
13. Birthplace **Rebecca** (City, town, or county) (State or foreign country)
14. Maiden name **Rebecca**
15. Birthplace **Rebecca** (City, town, or county) (State or foreign country)

16. (a) Informant **Norman W. Templeton**
(b) Address **Ettrick, Mo.**

17. (a) **BURIAL** (b) Date thereof **April 29-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Gray Cemetery**

18. (a) Signature of funeral director **Edith M. Kaye**
(b) Address **Eldon, Mo.**

19. (a) **4-28-43** (b) **W. H. Gearman** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(c) City or town **RURAL - 3 mi S-E of Ettrick** (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 **April** day **27** year **1943** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **April 22** 19 **43** to **April 27** 19 **43**; that I last saw him alive on **April 22** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 days**
Due to **Arteriosclerosis** years

Due to **—**
Other conditions **—** (Include pregnancy within 3 months of death)
Major findings: Of operations **—**
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) (c) Means of injury **—**
23. Signature **E. E. Shelton** (M. D. or other)
Address **Eldon, Mo.** Date signed **4/28/43**

RECEIVED

Miller - County Health Dep't.

County File Number 43-40

Date Filed 5-8-43

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

Leith M. Kaye

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.