DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

Registration District No. 297.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7391

State File No.

Primary Registration District No. 3057.

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
404 North Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Dockery (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles west.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET ISABELLE JOHNSTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Johnston

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 5, (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7m	17	hr. min.

9. Birthplace Richmond, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Cagill
13. Birthplace Svanrick, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Patterson Turner
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Willian Johnston
(b) Address Dockery, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dockery, Missouri

18. (a) Signature of funeral director
(b) Address Richmond, Missouri

19. (a) Mar. (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 22nd
year 1943 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-15-41, 19..., to 2-22-43, 19...;
that I last saw her alive on 2-22-43, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 day
Due to:	
Due to:	
Other conditions: Cancer of Ovary (Include pregnancy within 3 months of death)	1 yr

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

23. Signature Thos J Cone (M. D. or other) XX -43
Address Richmond, Mo. Date signed 2-24

1280 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number .....

Date Filed 3-11-43

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~~ X.....

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

working under my personal supervision.

Signed E. J. Thompson

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.

S. No. 2B
M—8-21-41
I X29289

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7391

Registration District No. 297 Primary Registration District No. 3267 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME Margaret J. Johnston
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 5 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Feb 24 1943 (Date received local registrar) (b) Mrs Chas W Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY