

FILED SEP 13 1940

Registration District No. 177

Primary Registration District No. 40 27

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 59 years years, months or days

3. (a) PRINT FULL NAME Oakley Case Johnson

3. (b) If veteran, name war _____ 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 Emily Blucher 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept - 21st 1871 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Vinton County, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER-FATHER { 12. Name Hiram Johnson
18. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Bailey
15. Birthplace Morgan County, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant H. V. Johnson

(b) Address Address Mo. Bates Co

17. (a) Burial (b) Date thereof 8-27-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Crescent Hill

(b) Address Adrian, Mo

19. (a) Aug 31 - 40 (b) Ethel C. Stephens (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian, Rural (If outside city or town limits, write "RURAL")
(d) Street No. Two miles west (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 26th year 1940 hour 15 minute 15 AM.

21. I hereby certify that I attended the deceased from 7-20-40 to Aug 25, 1940, that I last saw him alive on Aug 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Due to _____

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) (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) Address Adrian, Mo. Date signed 8-26-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,
District File Number 9-40-1236
Date Filed 9-4-40

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 and

Fred I. Leveath # 3543, Registered Apprentice No. _____

working under my personal supervision.

Signed Adrian Mo

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.