

Registration District No. 152

Primary Registration District No. 4241

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove mo
(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: 50 yrs
(Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town Oak Grove
(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:

3. (a) PRINT FULL NAME William E. Wab Raven

3. (b) If veteran, name war: -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6
year 1947 hour 8:00 minute a M.

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 8 - 1865
(Month) (Day) (Year)

Immediate cause of death: Cerebral Insufficiency

Due to: arteriosclerosis

Due to:

Other conditions: 94A
(Include pregnancy within 3 months of death)

Major findings: 94A
Of operations:

Of autopsy: no
fracture & injury

8. AGE: Years 81 Months 1 Days 28 If less than one day hr. min.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Carpenter

11. Industry or business Retired Carpenter

12. Name Unknown

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

14. Maiden name Unknown 1

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

16. (a) Informant F.C. Wab Raven

(b) Address Oak Grove mo

17. (a) Burial (b) Date thereof: 8-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove mo

18. (a) Signature of funeral director: Mrs. G. A. White - Son

(b) Address: Oak Grove mo

19. (a) 8-8-47 (b) Donald C. Barnhart
(Date received local registrar) (Registrar's signature) 278

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1

(b) Date of occurrence:

(c) Where did injury occur? 3
(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? 3 (e) Means of injury 2

23. Signature James Walker (M. D. or other) Walker
Address 1424 N. 4th St Date signed 8-6-47

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

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..... *R B Webb*.....
Licensed Embalmer No. *2353*
P. O. Address..... *Bluesprings 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.