

1. PLACE OF DEATH:

(a) County JACKSON BOR TWP.  
(b) City or town Oak Grove - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 1/2 mi North  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON  
(c) City or town Oak Grove RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 mi NORTH  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
year 1947 hour 4 minute A. M.  
21. I hereby certify that I attended the deceased from Nov 1  
1947 to Nov 13 1947  
that I last saw him alive on Nov 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations none  
Of autopsy none  
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) no.  
(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 C  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Oak Grove MO Date signed 11/13/47

3. (a) PRINT FULL NAME Orvia A Johnson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Sept 12 - 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lafayette Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Terry Johnson  
13. Birthplace MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Bitzer  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Stuehmer

(b) Address Oak Grove MO

17. (a) Burial (b) Date thereof 11-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove MO

18. (c) Signature of funeral director Miss G B Webb - Son  
(b) Address Oak Grove MO

19. (a) Nov. 15 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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. *2853*

P. O. Address *Blue Springs 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.**