

Registration District No. 152

Primary Registration District No. 4241

Registrar's No. 44

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Oak Grove  
 (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) 70 yrs

In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Barbara A Johnson

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex F m | 5. Color or race w | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm M Johnson | 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 10 1873  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 12 | If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Home wife12. Name Jernard Simmons

13. Birthplace W. Va | (City, town, or county) (State or foreign country)

14. Maiden name Martha Starnes | (City, town, or county) (State or foreign country)

15. Birthplace Tenn | (City, town, or county) (State or foreign country)

16. (a) Informant Miss Myrtle Johnson(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 9-25-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Malcolm W. Smith  
 (b) Address Oak Grove Mo

19. (a) 7-26-48 (b) Donald C. Lawrence  
 (Date received local registrar) (Registrar's signature)

## 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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 1948 hour 8:6 minute 10 AM

21. I hereby certify that I attended the deceased from July 18  
 1948, to July 22, 1948;

that I last saw her alive on July 22, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis | Duration 5 days

Due to arteriosclerosis | 10 yrs

Due to high blood pressure | 10 yrs

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: none | APP

Of operations \_\_\_\_\_

Of autopsy none

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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address Oak Grove Mo Date signed 7-22-48

Duration

5 days

10 yrs

10 yrs

none

MOTHER, FATHER

**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.....

*Kenneth Rayer*....., Registered Apprentice No. *67*  
working under my personal supervision.

Signed..... *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address. *Blue Springs*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**