

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Oak Grove  
(c) Name of hospital or institution:  
NO STREET NAMES OR NUMBERS  
(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 yrs  
years, months or days

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

4. Sex F m 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Wallace JOHNSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 8 - 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

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

11. Industry or business Retired house wife

12. Name K. L. Lamm Lamm  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Campbell  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 11-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs. B. Withers  
(b) Address Oak Grove Mo

19. (a) 11-1-46 (b) Donald C. Sambo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson 45  
(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 Oct. day 31  
year 1946 hour 11 + minute 40 P.M.  
21. I hereby certify that I attended the deceased from Oct. 31  
1946 to Oct 31 1946  
(that I last saw her alive on Oct 31 1946  
and that death occurred on the date and hour stated above.)

Immediate cause of death Pulmonary embolism, left lung Duration 1 1/2 hrs.

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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Oak Grove Mo Date signed 11-1-46

**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 O Webb* .....

Licensed Embalmer No. *2313* .....

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.**