REC'D DEC 19 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

39436
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No.
(c) City Carthage — (d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennamae Oldham
(a) Residence, No. Route 3 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1938

7. AGE: YEARS 0 — MONTHS 0 — DAYS 4 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri

FATHER
13. NAME C. E. Oldham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

MOTHER
15. MAIDEN NAME Ewella Daugherty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

17. INFORMANT C. E. Oldham
(ADDRESS) Route 3 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dudman Cem. DATE Nov. 22, 1938

19. FUNERAL DIRECTOR Knee Mortuary
(ADDRESS) Carthage, Mo.

20. FILED Nov. 22, 1938 E. J. McGilvre, M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1938, to 11-21, 1938, I last saw her alive on 11-21, 1938. Death is said to have occurred on the date stated above, at 6:25 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset unknown

Other contributory causes of importance: difficult labor.

Name of operation None — Date of
What test confirmed diagnosis? Physical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Wood, M. D.
(Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

RECEIVED
District Health Officer No. 6,
District File Number 6-38-782
Date Filed DEC 16 1938

**STATEMENT BY LICENSED EMBALMER**

I, F. W. Kruse, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ not embalmed

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed F. W. Kruse

Licensed Embalmer No. 814

**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.)**