

APR 17 1939

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

9712
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1318
 (c) City Kansas City, Mo. (d) Street No. Research Hosp. 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

435 HENRY HOPKINS OLDHAM
 (a) Residence, No. Osceola - Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Oldham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1864
 7. AGE YEARS 74 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. retired
 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) Ind
 FATHER 13. NAME James S. Oldham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 MOTHER 15. MAIDEN NAME Ann Neal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT (ADDRESS) R. B. Oldham
 18. BURIAL, CREMATION, OR REMOVAL PLACE Barylen DATE Mar 24 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
no. Kansas City Mo.
 20. FILED Mar 26 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to March 24, 1939
 I last saw him alive on March 24, 1939. Death is said to have occurred on the date stated above, at 11:30 pm.
 The principal cause of death and related causes of importance were as follows:
Chc. Myocarditis
Branch pneumonia left
Solar pneumonia lower right
 100
 Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? yes
 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) , M. D.
 (Address) ,

Date of onset
Indefinite
3/21/39
3/21/39

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.

Sh. Hendon

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,

Harold L. Pason

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Harold L. Pason*

Licensed Embalmer No. *3605*

P. O. Address *North W. 10th*

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, above space should be left blank.