

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
1211 PROSPECT AVENUE  
(d) Length of stay: In hospital or institution 71 YEARS  
In this community 71 YEARS

3. (a) PRINT FULL NAME MR. DAVID HOOD OLDHAM

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. CLARA MAY OLDHAM 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased APRIL 17 1866  
8. AGE: Years 73 Months 6 Days 12 If less than one day hr. min.

9. Birthplace INDEPENDENCE MISSOURI

10. Usual occupation DETECTIVE

11. Industry or business CITY

12. Name JOHN R. OLDHAM

13. Birthplace KENTUCKY

14. Maiden name ELIZA HEDGES

15. Birthplace KENTUCKY

16. (a) Informant's own signature Clara May Oldham

(b) Address 1211 Prospect

17. (a) Burial (b) Date thereof OCTOBER 31 1939

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director W. W. Weaver's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 10/30/39 (b) M. M. Crow

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 1211 PROSPECT AVENUE  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29 year 1939 hour 4:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1929 Oct 29, 1939 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 10/20/39, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration \_\_\_\_\_  
Carcinoma Fundus Stomach  
Massive Gastric Hemorrhage

Due to 46 or orrhage

Other conditions Arterio-Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 John H. Ogilvie (M. D. or other) \_\_\_\_\_  
Address 730 Prof. Bldg. Date signed 10/30/39

PHYSICIAN  
Underline the cause to which death should be charged statistically

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

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.

Rev. 5-17-39

736 Professional  
2:30-5:30

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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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. C. 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, above space should be left blank.**