

REC'D APR 23 1940
384

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell County
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christie-Hogan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1939, to March 10, 1940
that I last saw her alive on March 10, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Malignant adeno-cystoma

Due to _____

Other conditions 49
(Include pregnancy within 3 months of death)

Major findings: Large adeno-cystoma
Of operations ovary region, many meta
Of autopsy static growths through peritoneal cavity

Duration

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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed _____

3. (a) PRINT FULL NAME Islet Lorine Oaks 200

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3d. 1904
(Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Howell County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Bertie Herman Oaks

13. Birthplace Crab Orchard City, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Bella Jones

15. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Oaks

(b) Address R.1. Willow Springs. Mo.

17. (a) burial (b) Date thereof 3-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnham Cemetary

18. (a) Signature of funeral director [Signature]

(b) Address Willow Springs, Mo.

19. (a) 3-13-40 (b) [Signature] 344
(Date received local registrar) (Registrar's signature)

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

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.....

Thomas R. Burns Jr.

Registered Apprentice No. 251

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

Signed *T.R. Burns*

District File Number 440 376

Licensed Embalmer No. 1847

Date Filed 4 3 40

P. O. Address Willow Spgs, 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.