

Registration District No. 399

1002

Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution:  
2714 Mersington  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(d) Street No. 2714 Mersington  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th  
year 1940 hour 7 minute 30 P. M.  
21. I hereby certify that I attended the deceased from  
Sept. 16 - 1940 to Nov. 16, 1940  
that I last saw him alive on Nov. 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac asthma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William James Oylear

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Halla Oylear 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 5th, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Painting Contractor

12. Name W. J. Oylear

13. Birthplace Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Cooksie

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Halla Oylear

(b) Address 2714 Mersington

17. (a) Burial (b) Date thereof Nov. 19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address K.C. Mo.

19. (a) 11-18-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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)  
(b) Means of injury \_\_\_\_\_

23. Signature J. Henry George (M. D. or other) \_\_\_\_\_  
Address 2408 Chestnut Date signed Nov 19 40

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

MOTHER FATHER

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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.....

*B. H. Blackmore*

Licensed Embalmer No. *2244*

P. O. Address.....

**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.**