

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2560

Registration District No. 316

Primary Registration District No. 4191

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 yrs
years, months or days

3. (a) PRINT FULL NAME Mary Katherine Oldham

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 Married

6. (b) Name of husband or wife Alvin Oldham 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: April 20 1865
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Hardin Cameron

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

14. Maiden name Lucinda Lee

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

16. (a) Informant Alvin Oldham

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Dec 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halltown Cemetery of Ash Grove

18. (a) Signature of funeral director Gene Brim

(b) Address Ash Grove Mo

19. (a) Dec 12-40 (b) Murdonard Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Greene

(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec-2, 1940, to Dec 10, 1940 that I last saw her alive on Dec-10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Duration 24 hr

Due to Acute Myocardial failure and Hypertension 10 day

Due to _____

Other conditions Chronic Valvular Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy _____

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 Dr Charles K Orr (M. D. or other) _____
Address Ash Grove Mo Date signed 12/14/40

RECEIVED

Greene County Health Office,

County File Number 47-1-11

Date Filed 1/20/47

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.....

J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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, fact should be so stated above.