

APR 15 1941
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years 5 mo.**
(Specify whether years, months or days)

In this community **15 yr 8 months, 4 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**

(c) City or town **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **2**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **8** years.

3. (a) PRINT FULL NAME **LOUVINIA OLDHAM**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F** 5. Color **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **2. nuber nru** 6. (c) Age of husband or wife if alive **years**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17** year **1941** hour **30** minute **M.**

21. I hereby certify that I attended the deceased from **July 1, 1920** to **March 17, 1941**; that I last saw him alive on **March 17, 1941**; and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
Est. 80	?	?	hr. min.

Immediate cause of death: **Bronchopneumonia** Duration **3 day**

Due to: **old age**

Due to: **107**

9. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **County Refinery female**

11. Industry or business: **Unknown**

12. Name: **Unknown**

13. Birthplace: **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant: **Russell Oldham**

(b) Address: **Marceline, Mo.**

17. (a) **State** (b) Date thereof: **Mar 20 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **State Hosp #2**

18. (a) Signature of funeral director: **Ray Stawey**

(b) Address: **St. Joseph, Mo.**

19. (a) **APR 20 1941** (b) **W. J. Seckelbach**
(Date received local registrar) (Registrar's signature)

Other conditions: **107**

Major findings: Of operations: **Bronchopneumonia**

Of autopsy: **Seriously**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **None**

(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? **8**

(Specify type of place) (e) Means of injury:

23. Signature: **George W. Forman** (M. D. or other) **MD.**

Address: **St. Joseph, Mo. State Hospital** **5-19-41**

MOTHER FATHER

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 Was not Embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed John A. Hurley
Licensed Embalmer No. 4105 D
P. O. Address St. Joseph 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.