No. 2
1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27509

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3167

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1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 2430 Waldrond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 40 yrs (Specify whether years, months or days)

In this community: 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048 3 D

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2430 Waldrond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: D

3. (a) PRINT FULL NAME: OSCAR OGLESBY

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

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: February (Month) 12 (Day) 1856 (Year)

8. AGE: Years 85 | Months 6 | Days 10 | If less than one day: hr. min.

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

10. Usual occupation: Unemployed

11. Industry or business:

FATHER 12. Name: Deceased

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

MOTHER 14. Maiden name: Deceased

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

16. (a) Informant: Martha Langum - daughter

(b) Address: 1427 Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem

18. (a) Signature of funeral director: Flynn + Greenstreet

(b) Address: Kansas City

19. (a) 8/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1941 hour 2 minute 50 a.m.

21. I hereby certify that I attended the deceased from 8-20-41, 19__, to 8-22-41, 19__; that I last saw him alive on August 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Bronchial Pneumonia — Duration

Due to: Cerebral Apoplexy and Congestive heart failure

Due to:

Other conditions (Include pregnancy within 3 months of death): 836

Major findings:
Of operations:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: G. A. Crowe (M. D. or other) D

Address: Gen. Hos #2 Date signed: 8/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Edw. G. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E. 15th KC 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.