

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30865

Registrar's No. 3623

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: Trinity Lutheran 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 1221 Askew St. 11  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James T. Oxley

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

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed 2  
 6. (b) Name of husband or wife Blanch Oxley  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 8 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Real Estate  
 11. Industry or business Same

MOTHER FATHER { 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 Mrs. Nellie Fetters  
 (b) Address 1221 Askew St.

17. (a) Burial (b) Date thereof 9/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Rose & Henderson  
 (b) Address 4139 E. 15th St. K. Mo.  
 19. (a) 9/29/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28  
 year 1941 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 25-4  
 \_\_\_\_\_, 1941, to Sept 28, 1941;  
 that I last saw him alive on Sept 28 - \_\_\_\_\_, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 1- Peritonitis - generalized 3 days  
 2- Ruptured gall bladder 4  
 Due to 3- Bull stone in ampulla 3  
 4- Pancreatitis 2

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

Major findings:  
 Of operations 126  
 Of autopsy spec.

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 Wm. J. Trumble (M. D. or other) \_\_\_\_\_  
 Address Trinity Hospital Date signed 9/28-1941

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*G. E. Anderson*

Licensed Embalmer No.....

*3657*

P. O. Address.....

*176 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.**