

FILED FEB 11 1942

State File No.

122

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

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:
Roanoke Nursing Home-3660 Summit Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 7 Months
(Specify whether
In this community... 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Clay 24
(c) City or town... Parkville
(If outside city or town limits, write "RURAL") 0
(d) Street No... None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... -

3. (a) PRINT FULL NAME Mrs. Felicia N. Oldfather

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Jeremiah M. Oldfather 6. (c) Age of husband or wife if alive... 16 years
7. Birth date of deceased August 16 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 4 25 hr. min.

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

10. Usual occupation Missionary

11. Industry or business Retired

12. Name Isaac Newton Rice

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

14. Maiden name Margaret Rebecca Rice

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

16. (b) Informant John Ryan Adams

(b) Address Parkville Mo.

17. (a) Cremation (b) Date thereof Jan. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) Jan 11, 1942 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1942 hour - minute - P.M.

21. I hereby certify that I attended the deceased from June 25, 1941, to Jan 10, 1942
that I last saw her alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial degeneration 7 mo
Due to... Senility

Other conditions (Include pregnancy within 3 months of death) 938.

Major findings: Of operations... 93d
Of autopsy... 93d

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) (c) Means of injury _____
23. Signature E. A. Burckhardt (M.D. or other?)
Address 3346 Summit R.C. Mo. Date signed 1/11/42

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

MOTHER FATHER

3346
1.00
Lummick

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..... *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address..... *R. E. 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.