

**FILED MAR 9 1942**  
Registration District No. **1002**

Primary Registration District No. **1002**

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

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:  
**The George H. Nettleton Home, 5**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years,**  
(Specify whether years, months or days)

In this community **as above,**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson, 48**

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

(d) Street No. **The George H. Nettleton Home, 8**  
(If rural, give location)

(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Lera M. Oldham,**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed,**

6. (b) Name of husband or wife **P. W. Oldham,** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **March 15 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>11</b>	<b>9</b>	..... hr. .... min.

9. Birthplace **Kentucky,** /  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Thomas Moore,**

{ 13. Birthplace **Kentucky,** /  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Mattie Bayne,**

{ 15. Birthplace **Kentucky,** /  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred C. Hinds,**  
(b) Address **2300 E. 48th St. Ter.; K. C., Mo.**

17. (a) **Burial** (b) Date thereof **2-26-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2/26/42** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24th,** day **February,**  
year **1942** hour **8:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 1**  
**1941** to **Feb 24** 19**42**  
that I last saw her alive on **February 24** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of right lung**

Due to **Cancer of right breast** **2 yrs.**

Due to **50**

Other conditions **50**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **John L. Lapp** (M. D. or other) **D. M. D.**  
Address **1304 Professional Bldg** Date signed **2/25/42**

Dr. Lepp,

Proff Bledy  
11/2/50

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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1417

P. O. Address.....

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.