

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 161

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days IN
(Specify whether
 In this community hospital
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway ¹⁴
 (c) City or town Fulton
(If outside city or town limits, write "RURAL") ¹
 (d) Street No. 302 Jefferson ²
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Mary Oldem
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 8
 year 1942 hour 8:00 minute _____ P.M.

4. Sex F 5. Color or race Negro
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Robert Oldem
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 18 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1 1942 to August 8 1942
 and that death occurred on the date and hour stated above. August 8 1942
 that I last saw her alive on _____ 1942

8. AGE:				If less than one day
Years	Months	Days		
<u>75</u>	<u>5</u>	<u>30</u>		hr. _____ min.

Immediate cause of death Carcinoma of cervix with metastasis to liver
Peritonitis, cause unknown
 Due to Uremia
multiple uterine fibroids
 Duration 5 yrs
1 yr.
2 wks.
?

9. Birthplace Callaway Co. Mo. 0
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 4/8 a
 Of operations _____
 Of autopsy See above

10. Usual occupation House wife

11. Industry or business _____
 12. Name Silas Craig
 13. Birthplace Callaway Co. Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Tucker
 15. Birthplace Callaway Co. Mo. 0
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mary Oldem
 (b) Address 302 Jefferson - Fulton, Mo.

23. Signature Shevline P. Shevland (M. D. or other) M. D.
 Address Columbia, Mo. Date signed 8/10/42

17. (a) _____ (b) Date thereof Aug 11, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fulton Mo, burial

18. (a) Signature of funeral director Eli Bee
 (b) Address Fulton, Mo.

19. (a) Aug 10-42 (b) E. Elmer H. Barber
(Date reported local registrar) (Registrar's signature)

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..... *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address..... *Fulton 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.