V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17597

State File No.

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. 94

20
0
0

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Linn Township--Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXXXX 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community XX
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Mo. (b) County Cedar 0

(c) City or town Linn Township--Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. XXX
(If rural, give location)

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

If yes, name country XX 0

3. (a) PRINT FULL NAME Micheal Alfred Oldham

3. (b) If veteran, name war XX

3. (c) Social Security No. XXX

4. Sex Male

5. Color or race white 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Nellie Oldham

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

7. Birth date of deceased March (Month) 17, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	24	XXXXXXX min.

9. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXX

FATHER
12. Name A. W. Oldham
13. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name America Jane Firestone
15. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Myrl Oldham
(b) Address Stockton Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 6-1-43 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 11, 1943, to May 11, 1943
that I last saw him alive on May 11, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death appoplexy	12 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83a	
Major findings: Of operations	
Of autopsy no	

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 [signature] (M. D. or other) J.J.
Address Stockton Mo. Date signed Mo.
5-14-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-43-469
Date Filed 6-7-43

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 C. H. Neale

Licensed Embalmer No. 3335

P. O. Address: Stockton

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.