

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 East 30th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
in this community 29 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 210 East 30th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W. Oxley

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased July 12, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 26 hr. min.

9. Birthplace Browning Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Jewelry man

11. Industry or business

MOTHER FATHER { 12. Name James W. Oxley
13. Birthplace Browning Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louella Hurst
15. Birthplace Browning Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Oxley

(b) Address Winslow Arizona

17. (a) Burial (b) Date thereof 8/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park. Cem.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 8-23-43 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-18-43 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Coronary Occlusion

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See Above

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)
Means of injury _____

23. Signature A. E. Upsher M.D.
Address 23 m. W. 44 Date signed 8/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

