

No. 2  
1-2-43  
5-17-26  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29112

**FILED** AUG 16 1943 291

Registration District No. \_\_\_\_\_

Primary Registration District No. 5995

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Medicine  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 82 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. East of Lucerne, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John L. Oakley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Rebecca Oakley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 5 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harry Oakley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Deree  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant George Oakley  
(b) Address Lucerne, Mo.

17. (a) Burial (b) Date thereof 8-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lucerne

18. (a) Signature of funeral director Arthur Funeral Home  
(b) Address Princeton, Mo.

19. (a) 8/3/43 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1  
1939 to July 30, 1943,  
that I last saw him alive on July 30, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Apoplexy  
Arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 G. Dale (M. D. or other) 100  
Address Newtown, Mo. Date signed 7/31/43

86  
1  
0  
0  
0

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1097

**RECEIVED**

District Health Officer No. 10

District File Number 843-1297

Date Filed AUG 10 1943

**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 H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Winchester, Md.

**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.**