

FILED MAR 11 1944

Registration District No. 133

Primary Registration District No. 4205

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Hilman City MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 82-9-13 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison
(c) City or town Hilman City MO
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUCRETIA ORAM

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Oram 6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased April 16 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 13 If less than one day

9. Birthplace Naves to Motinear, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Home keeper

MOTHER FATHER 11. Industry or business

12. Name James F Ward
13. Birthplace Springfield Ill Rural 1
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Staley
15. Birthplace Springfield Ill Rural 1
(City, town, or county) (State or foreign country)

16. (a) Informant John F Oram
(b) Address Hilman City MO
17. (a) Bural (b) Date thereof Feb 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel Caret

18. (a) Signature of funeral director W D Hines
(b) Address Hilman City MO
19. (a) Feb 8 -44 (b) Bob M. Burns
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 22 1944 to Jan 29 1944
that I last saw her alive on Jan 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days
Due to Influenza 7 days

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations..... Of autopsy..... PHYSICIAN

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 W F Warren (M. D. or other)
Address Hilman City MO Date signed.....

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

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.....

..... *W.D. Haines*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Gilman City 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.