

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 219 W Antone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Inf. Dou. Oyler

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased June 13 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. min.

9. Birthplace St Joseph Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Donald J. Oyler 0

13. Birthplace St Joseph Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name William Ashlock
15. Birthplace St Joseph Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Oyler
(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 6-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Fleemont Son Inc
(b) Address St Joseph Mo

19. (a) 6/14/44 (b) Helen P. Peck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from June 13 1944 to June 13 1944
that I last saw h. alive on June 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
5 1/2 months

Due to

Due to

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?

While at work (Specify type of place) (a) Means of injury

23. Signature Frank W. Hagan (M. D. or other)
Address 620 W. ... Date signed 6/14/44

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, Robert H. Apple

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, 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.