S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12294

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1501

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 16-45-4-2-45 (Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3720 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry T. OAKES.
3. (b) If veteran, name war None
3. (c) Social Security No. 340-07-4491
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 10, (Day) 1873 (Year)

8. AGE: Years 71 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Avon (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Chicago Street car lines
11. Industry or business retired 4 yrs.
FATHER
12. Name Elbridge Oakes
13. Birthplace Pala Grove (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Prescilla Miller
15. Birthplace (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant Forrest E. Oakes
(b) Address 3720 Park Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Junction Michigan
18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Mo.
19. (a) 4-3-45 (Date received local registrar) (b) G. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Pathologist, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Benign Hypertrophy of Prostate
Due to
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations 61
Of autopsy See Above

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main Date signed 4/8/45

(Licensed Embalmer's Statement on Reverse Side)

Harold Rabutz
Prob. Bldg.
HA. 1331
6077

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.....

Licensed Embalmer No. 2227

P. O. Address..... KC

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.