S. No. 2
I—9-4-41
. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1946

State File No. 40881

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County CEDAR Cedar
(b) City or town ELDORADO SPRINGS MO.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar Fe
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY A OAKNEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife "
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 13 (Day) 1867 (Year)

8. AGE: Years 78 Months 5 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) MASS. (State or foreign country)
10. Usual occupation Odd JOBS.
11. Industry or business
FATHER
12. Name William OAKLEY
13. Birthplace (City, town, or county) MASS. (State or foreign country)
MOTHER
14. Maiden name MARY UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN. (State or foreign country)
16. (a) Informant Mable Mann
(b) Address El Dorado Springs mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 20-45 (Month) (Day) (Year)
(c) Place: burial or cremation ELDORADO SPRINGS
18. (a) Signature of funeral director Gwen Carothers
(b) Address El Dorado Springs mo.
19. (a) 12/22/45 (Date received local registrar) (b) J. C. Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 17 1945 to Dec 18 1945 that I last saw him alive on Dec 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C H Sunderworth (M.D. or other) DO.
Address El Dorado Springs Date signed 12-21-45

1633 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible] Officer No. 7,

[illegible] 12-45-1328

Date Filed [illegible] 1-11-46

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 M D Gwinn

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs

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.