S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28945

Registration District No. 147 Primary Registration District No. 5-569 Registrar's No. 235

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Rural (Brooking) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 59th & Blue Ridge Cut Off. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural (Brooking) (If outside city or town limits, write "RURAL")
(d) Street No. 59th & Blue Ridge Cut Off. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Nannie Alvira Oldham
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert Oldham
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb (Month) 16 (Day) 1866 (Year)

8. AGE: Years 80 Months 4 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Canton (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business ____
12. Name Michael Ochsner (Father)
13. Birthplace Hancock Co. (City, town, or county) Ill. (State or foreign country)
14. Maiden name Louisa E. Goodwin (Mother)
15. Birthplace Hancock Co. (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Robert Oldham
(b) Address Tujunga Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery.
18. (a) Signature of funeral director E. Clark Hogard
(b) Address Raytown Mo.
19. (a) 7-3-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 12:10 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 1st, 1946, to July 1, 1946; that I last saw her alive on June 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	6 days
Due to Arteria sclerosis	20 yrs
Due to	
Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	2 days

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 D M Cubbank (M. D. or other) M.D.
Address Raytown Date signed 7-2-46

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(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1947

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 E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.