

FILED DEC 9 1947/49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 5017

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Gen. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours
(Specify whether Life)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City "Rural" **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 7121 Park Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country !

3. (a) PRINT FULL NAME Frances Marie Oldham

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe! 5. Color or race Wh.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Nov. 16th, 1947
(Month) (Day) (Year)

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

12 hr. 0 min.

9. Birthplace K. C. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name George Oldham

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Theral Estle

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant George Oldham

(b) Address 7121 Park Road

17. (a) Burial (b) Date thereof 12/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Farp & Sons

(b) Address 4139 East 15th St.

19. (a) 11-29-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1947 hour 9:25 minute 0 M.

21. I hereby certify that I attended the deceased from 1947 to 1947
that I last saw him alive on 11-28-47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart (arteriosclerosis)

Due to anoxemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy see above

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 car

23. Signature Steraldine Holmes (M. D. or other)

Address 1824 1/2 N. 1st Date signed 1-28-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

transcutaneous

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. *2955*

P. O. Address *N.C. 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.