FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4044

State File No.

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 261

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

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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether
In this community: Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1301 Mitchell Ave. (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: *

3. (a) PRINT FULL NAME: Mary Ellen Oldham
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Curtis
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: October (Month) 12 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	59	4	11	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
FATHER
12. Name: John D. Stamp
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name: Margaret McNulty
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs. John C. Oldham
(b) Address: 615 Court St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 25, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm Sidenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) Mar 2, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from February 22, 1948, to February 23, 1948; that I last saw her alive on Feb. 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	12 HRS.
Due to: HYPERTENSION	5 YRS.
Due to:	
Other conditions: CHOLECYSTITIS (Include pregnancy within 3 months of death)	2 YRS.

Major findings:
Of operations: NONE
Of autopsy: NONE

83 A

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Allen I. Herman (M. D. or other) MD
Address: 1802 Faraon Street St. Joseph, Mo. Date signed: 2-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Robert L Yaple

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.