S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

15489

State File No.

Primary Registration District No. 1000

Registrar's No. 558

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days (Specify whether
In this community 2½ days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Grant City 2
(If outside city or town limits, write "RURAL")

(d) Street No. Grant City 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME George W. Oehler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January (Month) 16, (Day) 1878 (Year)

8. AGE: Years 70 Months 3 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Allendale (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Retired Sheriff

11. Industry or business Gentry County

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mrs. Pearl Oehler
(b) Address Grant City, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Stamer Funeral Home
(b) Address St. Joseph, Missouri

19. (a) May 20, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1948 hour 1 minute 40 a.m.

21. I hereby certify that I attended the deceased from May 10, 1948, to May 13, 1948, that I last saw him alive on May 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of left leg	8 da
Due to Mural Cardiac Thrombus with Embolism	11 da
Due to Coronary Occlusion and myocardial infarction	2 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94W

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 H. W. Carle (M. D. or other)
Address 706 Francis St. Joseph, Mo. Date signed 5-13-48

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.