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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 20 1948

Registration District No. 385

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 23514

Registrar's No. 175

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline
(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): 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58 2
(c) City or town: Marceline 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Etta Florence Oldham
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: J G Oldham
6. (c) Age of husband or wife if alive: years
Birth date of deceased: August (Month) 20 (Day) 1871 (Year)

8. AGE: Years 76 Months 8 Days 29 If less than one day: hr. min.
9. Birthplace: Westville (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: William H Wilson
13. Birthplace: Ind (City, town, or county) (State or foreign country)
14. Maiden name: Julia Krieger
15. Birthplace: Gynumville (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs J C Staples
(b) Address: Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 22 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet
18. (a) Signature of funeral director: James McLaughlin
(b) Address: Marceline Mo
19. (a) May 20, 1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature) LDI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 18, 1948, to ..., 19..; that I last saw her alive on May 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: strangulated hernia	3 da.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): prolapse uterus	

Major findings:
Of operations: No
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: Philip A. Ottman (M. D. or other) M.D.
Address: Marceline, Mo Date signed 5/20/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cambron, Mo.

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 Blanche M Laing Rl

Licensed Embalmer No. 1909

P. O. Address Marceline, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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