

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21471

FILED JUN 17 1943

State File No.

Registrar's No.

Registration District No. 137

Primary Registration District No. 3023

89

1. PLACE OF DEATH:

(a) County. HENRY
(b) City or town. CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether years, months or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. HENRY
(c) City or town. CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 109 E. CLINTON STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charlye Oldham

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years.

7. Birth date of deceased. October 25 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 11 If less than one day hr. min.

9. Birthplace. Kosciusko Miss (City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEKEEPER

11. Industry or business.

MOTHER FATHER { 12. Name. Baylis E. Oldham
13. Birthplace. Not Known S. Carolina
14. Maiden name. Nancy Bowdon
15. Birthplace. Not Known S. Carolina

16. (a) Informant. MRS. JAMES G. HILSTON

(b) Address. CLINTON MISSOURI

17. (a) Burial, cremation, or removal. POYIAI (b) Date thereof. 5-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation. G. N. LEWOOD CEM.

18. (a) Signature of funeral director. Fred Wilkinson

(b) Address. Clinton, Mo.

19. (a) May 7 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MAY day. 6 year. 1943 hour. 2:00 minute. A.M.

21. I hereby certify that I attended the deceased from April 27 1943 to May 6 1943; that I last saw him alive on May 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic pneumonia 8 da
Pneumonia 9 da
Due to. Fractured pelvis 9 da

Due to. 16 18
Other conditions. (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations. Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). Accident, fall at home
(b) Date of occurrence. 4-27-43
(c) Where did injury occur? Home Clinton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury. Fractured hip
23. Signature. G. Swisher (M. D. or other) M.D.
Address. Clinton Mo. Date signed. 5-7-43

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

X32873
1-2

1069

RECEIVED

District Health Officer No. 7,

District File Number 5-43-538

Date Filed 6-14-43

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

Fred Wilkerson

Licensed Embalmer No. 2476

P. O. Address F. E. Wilkerson

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.

Clinton M.