

No. 2  
-10-39  
17-3  
X-100

MAY 13 1940 318  
Registration District No.

Primary Registration District No. 2001

State File No. \_\_\_\_\_  
Registrar's No. 382

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 8 years  
years, months or days) 2 3/4

3. (a) PRINT FULL NAME WALTER McCORD OLDHAM

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

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Oldham 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 12, 1876  
(Month) (Day) (Year)

8. AGE: Year 64 Months 11 Days 9 If less than one day hr. min.

9. Birthplace: So. Greenfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clergyman

11. Industry or business Baptist Church

12. Name Marshall Oldham

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

14. Maiden name Margaret Laughter

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

16. (a) Informant Mrs. Ella Oldham  
(b) Address 621 Stokes Place Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation S. Greenfield Mo

18. (a) Signature of funeral director F. C. Higgins  
(b) Address Springfield Mo  
19. (a) 4-22-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 621 Stokes Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21<sup>st</sup> year 1940 hour 10:55 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 4-21- 1940  
that I last saw him alive on 4-21- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Hypertension

Due to Hypertension aggravated by a Car wreck (back

Other conditions he was riding in truck  
(Include preexisting conditions within 3 months of death)  
he was riding in truck but did not turn over

Major findings: excitement caused cerebral hemorrhage which occurred short time afterwards  
Of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death would be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-13-40

(c) Where did injury occur? near Baymore Mo  
(City or town) (County) (State)

(d) Did injury occur in, or about home, on farm, in industrial place, in public place?  
on public road while riding in truck  
While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury excitement

23. Signature Henry T. Frush M. D. on \_\_\_\_\_  
Address Springfield Mo Date signed 4/21/40

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

MOTHER, FATHER

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

*R. P. Christie*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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, above space should be left blank.**

X