S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30664

Registrar's No. 3421

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 1. ^
(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 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 28

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4309 East 10th St. 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Oldham Abraham

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Edna Manning

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

7. Birth date of deceased Oct. 14th (Month) 1892 (Day) (Year)

8. AGE: Years 49 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name William Oldham
13. Birthplace / Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Julian
15. Birthplace / Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital

17. (a) Courtney (Burial, cremation, or removal) (b) Date thereof 9-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Courtney Mo

18. (a) Signature of funeral director Sheffield Home
(b) Address Kansas City Mo

19. (a) 9/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 11:45 P.M. hour minute 1941 M.

21. I hereby certify that I attended the deceased from 9.11.41, 19__, to 9.11.41, 19__; that I last saw him alive on 9.11.41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right coronary occlusion with myocardial infarction,	
Due to: pulmonary edema, arteriolar-	
Due to: sclerotic nephritis gastric ulcer	
Other conditions (Include pregnancy within 3 months of death) 12/20	
Major findings: Of operations	
Of autopsy 13/20	

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 Doug R. Thom (M. D. or other) 0

Address Med. Dir. K.C. General Hosp. Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.