X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1941

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32808

Primary Registration District No. 6139

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Township

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 107

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Joe P. Oxley

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Feb. (Month) 29 (Day) 1860 (Year)

8. AGE: 81 Years | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Labor

11. Industry or business ____

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

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

16. (a) Informant Tom Oxley

(b) Address Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Stubbs

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn Grove Mo

19. (a) Aug 28 1941 (Date received local registrar) (b) Pearl E McCall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Aug. year 1941 hour 9:45 minute 8 M.

21. I hereby certify that I attended the deceased from July - 1 - 1941, to Aug. 26 - 1941 that I last saw him alive on Aug. 26 - 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
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 D. W. Kinney (M. D. ~~or other~~)

Address Mtn. Grove Mo. Date signed 8-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 8811962
Date Filed

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 Russell Barber

Licensed Embalmer No. 2848

P. O. Address Mtn. Grove

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

If this body is not embalmed, above space should be left blank.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32808

Registration District No. 18 Primary Registration District No. 6139 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Texas
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Joe P Oxley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) ~~Single~~, widowed, ~~married~~, divorced: Widowed
6. (b) Name of husband or wife: E Oxley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 29 (Day) 1860 (Year)

8. AGE: Years 81 Months 5 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: Russell Barber
(b) Address: Mt Grove Mo
19. (a) Aug 28 1941 (Date received local registrar) (b) Pearl E. McCall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 (M. D. or other)
Address Date signed

1941
S-32808