

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

103909
State File No. _____
Registrar's No. 352

FILED APR 23 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2406 Duncan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Oldham

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced Widower

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

7. Birth date of deceased March 1, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 16 hr. min.

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

10. Usual occupation Retired

11. Industry or business Electircian

MOTHER FATHER { 12. Name John Oldham
13. Birthplace Lancastershire County England
(City, town, or county) (State or foreign country)
14. Maiden name Edla Still
15. Birthplace Louis Exia County New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenn Gerard

(b) Address 2406 Duncan St.

17. (a) Removal (b) Date thereof April 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) 43-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1942 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 6, 1942 to Apr. 4, 1942
that I last saw him alive on Apr. 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive Pulmonary of Coarctation of General Abdominal
Due to Malignancy
Due to H6a

Duration 6 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: General Abdominal
Of operations Coarctation
Of autopsy Confirmed

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A.P. Linscott (M. D. or other) MD
Address 5007 1/2 Shaw Hill Date signed 4/5/42

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

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, Edby 4/4/42

....., Registered Apprentice No.

working under my personal supervision.

Signed *Edby Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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, fact should be so stated above.