

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2112 Amie
(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 35 Years

3. (a) PRINT FULL NAME EMMA JULIA OLDIAM
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Fe. / race White
 5. Color or White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Granville C.
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased April 24, 1884
(Month) (Day) (Year)

8. AGE:
 Years 59 Months 6 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER
 12. Name James Little
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Oldham
 (b) Address 2741 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1943
(Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address 2825 Independence Blvd., Kansas City, Mo.

19. (a) 11-16-43 (Date received local registrar)
 (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2112 Amie
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 12
 year 1943 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1943, to Nov 12, 1943
 that I last saw her alive on Nov 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Reg
 Duration 2 Weeks

Due to _____
 Due to _____
9-2-43

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? _____

23. Signature R. L. D. Blair (M. D. or other) _____
 Address 5242 St. John Date signed 11-16-43

Dr. H. B. ...

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.