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FILED MAY 15 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5-075-4364

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Cardwell Hospital
(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 Missouri (b) County Barry

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME R. MAC C. OAKS

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: January 18 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>0</u>	<u>6</u>	hr. _____ min.

9. Birthplace: Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business _____

MOTHER FATHER {

12. Name James Oaks

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 Mrs. Bill Truhette

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/44
(Month) (Day) (Year)

(c) Place: burial or cremation Sparks

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Mo.

19. (a) Feb 21 - 1944 (Date received local registrar) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1944 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 10 1944 to Jan. 24 1944
that I last saw him alive on Jan 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Raynaud's disease

Duration: 1 month

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 99:2

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature E. E. McDaniel (M. D. or other) MD

Address Cassville, Mo. Date signed 1/26/44

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed.....

RECEIVED

5-5-44

District Health Officer No. 6

District File Number 544-96

Date Filed 5-11-44

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.....

Margaret Culver

Registered Apprentice No. 357

working under my personal supervision.

Signed J.E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.