

3. No. 2  
A-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

960132

FILED MAR 18 1946

State File No. \_\_\_\_\_  
Registrar's No. **1096**

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:  
Nursing Home-3918 Charlotte 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
(Specify whether  
 In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Mary Oldham  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow 2  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 16 1889  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name George Sweeney  
 13. Birthplace Meadville, Penn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name McGrannham  
 15. Birthplace Rock Island, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Georgia Oldham  
 (b) Address 1713 Nebraska K.C. Kans  
 17. (a) burial (b) Date thereof 3-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah-K. C. Mo.  
 18. (a) Signature of funeral director P.A. Heltor  
 (b) Address 1319 N. 18th Street

19. (a) 3-5-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1713 Nebraska  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 2  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from February 10  
 1946 to March 2 1946  
 that I last saw her alive on March 2 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic bronchopneumonia Duration 1 wk.  
 Due to Arteriosclerotic heart disease 10 yrs.  
Central arteriosclerosis 10 yrs.  
 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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Pat A. Hardacre (M. D. or other)  
 Address 632 Ogyle Bldg. Date signed 3/4/46  
K.C., Mo.

**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. *M. M. Swisher*

Licensed Embalmer No. *3505*

P. O. Address. *McKean*

**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.**