S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33703

FILED OCT 28 1946

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. 4379

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: 5400 Forrest Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 15 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 5400 Forrest Ave. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country None

3. (a) PRINT FULL NAME Mary Edwin 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 Married

6. (b) Name of husband or wife Richard Oldham

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August (Month) 15 (Day) 1872 (Year)

8. AGE: Years 74 Months 2 Days 1 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business At Home

FATHER
12. Name Edwin Wren
13. Birthplace do (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Lucretia Daniels
15. Birthplace do (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Richard Oldham

(b) Address 5400 Forrest, Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Missouri

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

(b) Address Smithville, Missouri

19. (a) 10-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1946 to Oct 16, 1946, that I last saw her alive on Oct 16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinosis	3 mon
Due to Carcinoma of uterus	2 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations 48 B

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) no

(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 E. W. Slusher (M. D. ~~or other~~)

Address 900 Rialto Bldg. Date signed 10-17-46

(Licensed Embalmer's Statement on Reverse Side)

DR. ERNEST W. SHUSHER
Rialto Bldg.
Home Lo. 4373
Office Ur. 2966

SEP 9 1947

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 —— Donald W. Hanks, Registered Apprentice No. 425, working under my personal supervision.

Signed Owen J. Boggess Jr.
Licensed Embalmer No. 3940
P. O. Address Smithville, 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.