

S. No. 2
-12-45
5-17-39
X47070

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. 9898

FILED MAR 24 1947

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1108 Calhoun Street ✓
(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) 8 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston ⁵⁹
(c) City or town Chillicothe ¹
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 Calhoun Street ²
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME George W. Oatman

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 Married
6. (b) Name of husband or wife Alice Oatman 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December 7 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 3 _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Oatman
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Elizabeth Burnett
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Oatman

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Groff Cemetery

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

(b) Address Chillicothe, Mo.

19. (a) March-12-47 (b) Louise P. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Feb 3, 1947 to March 10, 1947;
that I last saw him alive on March 10, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsies 94A
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 0

23. Signature Joseph F. Gale (M. D. or other) M.D.
Address Chillicothe, Mo Date signed Mar 10 1947

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DISTRICT HEALTH OFFICE
Cameron, 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 Elton J. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.