

Registration District No. 190

Primary Registration District No. 15704

**1. PLACE OF DEATH:**  
(a) County Livingston  
(b) City or town Wheeling  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2nd and State /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 8 years  
years, months or days

**3. (a) PRINT FULL NAME** Earl Alvy Oxford  
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 Maggie Oxford 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased June 4th 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Grocery Owner

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

12. Name Jacob Oxford  
13. Birthplace Grundy County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Miranda Brown  
15. Birthplace Davies County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Oxford  
(b) Address Wheeling, Missouri

17. (a) Burial (b) Date thereof 5-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling

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

(b) Address Chillicothe, Missouri

19. (a) 5/6/47 (b) Mrs. Bertha Boone  
(Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 6th  
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 6, 1947  
that I last saw him alive on May 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_ B

Other conditions (include pregnancy within 3 months of death) 46

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 2

23. Signature D. G. Bryan (M. D. or other) DO

Address Wheeling, Mo. Date signed 5/6/47

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

MOTHER FATHER

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

*Edwin J. Ruman*

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.