. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1947

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33628

Primary Registration District No. 4024

Registrar's No. 92

**1. PLACE OF DEATH:**

(a) County Barry

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

(c) Name of hospital or institution: /
(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 5

(c) City or town Cassville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

**3. (a) PRINT FULL NAME** Jake M. Oxford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 16 (Day) 1894 (Year)

**8. AGE:** Years 83 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Purdy (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Jake M. Oxford 1

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery

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

(b) Address Cassville, Missouri

19. (a) Sept 17-1947 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept day 1st year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from August, 1946, to Sept, 1947, that I last saw him alive on Aug 26, 1947, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Sigmoid Carcinoma | 1 yr |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 46E

**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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Geo Purves Do. (M. D. or other)

Address Cassville, Mo Date signed 9-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1042-1055
Date Filed OCT 20 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

H. Elkins, Registered Apprentice No. 495,

working under my personal supervision.

Signed G. 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.**