

FILED DEC 26 1947

State File No.

Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community over 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA E. OLHAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1947 to Dec 11, 1947
that I last saw her alive on Dec 11, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. D. Oldham 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death: Coronary occlusion

Due to: cause unknown

8. AGE: Years 54 Months 8 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace: Chariton Co. Missouri
(City, town, or county) (State or foreign country)

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

10. Usual occupation House wife

11. Industry or business Her home

12. Name James P. Halt

13. Birthplace: Linn
(City, town, or county) (State or foreign country)

14. Maiden name Julia Schoaling

15. Birthplace: Madair Co. Missouri
(City, town, or county) (State or foreign country)

Of autopsy: _____

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? _____

16. (a) Informant J. D. Oldham

(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof 12-14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive, Markelton

18. (a) Signature of funeral director J. D. Thorne

(b) Address Laclede, Mo.

19. (a) 12-14-1947 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature) (City)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. M. J. Lomanec (M. D. or other) DO

Address Brookfield, Mo. Date signed 12-13-47

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. S. Thorne

Licensed Embalmer No. 2876

P. O. Address La Clede, 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.