

FILED JUL 1 1948

State File No. ....

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Vincents 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether years, months or days) Eight years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5  
(c) City or town Monett 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 909 Central Ave. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME John Oaks

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Oaks 6. (c) Age of husband or wife if deceased 62 years

7. Birth date of deceased August 21 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Albany New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Telegrapher

11. Industry or business none

12. Name Samuel Oaks

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Chigal Brown

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas H. Main  
(b) Address 909 Central, Monett Mo

17. (a) Removal (b) Date thereof June 15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tennessee  
(a) Signature of funeral director Pellaway Funeral Home  
(b) Address Monett Mo  
(c) Date received local registrar 6-15-48 (d) W. M. West (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1948 hour 7 minute 25 A. M.  
21. I hereby certify that I attended the deceased from June 14, 1948 to June 14, 1948  
that I last saw him alive on June 14 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
non rheumatic Duration 24rs

Due to Bronchiectasis 20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 975  
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 0

23. Signature Frank H. West (M. D. or other) MD  
Address Monett Mo Date signed 6/15/48

COPY UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 648-745

Date Filed JUN 29 1948

JUN 17 1948

NOV 1 1948

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: *J. D. Buchanan*  
Licensed Embalmer No. 3179  
P. O. Address: *Monett, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.