

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

2
43
39
36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18623**
Registrar's No. **36**

Registration District No. 15 Primary Registration District No. 304

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(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 MARY LENORA OLDHAM
3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Calvin Fletcher Oldham
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 7 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Day

13. Birthplace Wathamon, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Goddard

15. Birthplace Aberdee, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hollis Stockdale,
(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof June 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address 39 LAMAR, MO.

19. (a) JUN 9 - 1948 (b) Mary Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th
year 1948 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from Apr 27
1948 to June 8 1948
that I last saw h. alive on June 7 1948
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Pulmonary Tuberculosis
Due to _____

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

Major findings:
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature L. B. Guldner (M. D. or other) _____
Address Lamar, Mo. Date signed 8-1-48

RECEIVED
District Health Officer No. 6,
District File Number 248-757
Date Filed JUL 12 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.....

Frank W. Denton
working under my personal supervision.

Registered Apprentice No. 7

Signed.....

Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.