

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38613
 Do not use this space.

DEC 5 1938

1. PLACE OF DEATH

(a) County Buchanan Registration District No. _____
 (b) Township _____ Primary Registration District No. 3001 Registered No. 1118
 (c) City St. Joseph Mo. (d) Street No. MO - M.E. Hospital St. _____
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 416 Union Star Mo. St. Union Star Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Waverly Oliver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-22-1895</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>9</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>17</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Oct 29 1938</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oppeha Kans</u>		
FATHER	13. NAME <u>Fred Oliver</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scottsblf Mo</u>	
15. MAIDEN NAME <u>Bettye Oliver</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oppeha Kans</u>		
17. INFORMANT (ADDRESS) <u>R. B. Oliver King City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>King City Mo</u> DATE <u>11-17-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>R. G. Taggart King City Mo</u>		
20. FILED <u>Nov 8, 1938</u> <u>H. J. Northcutt</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 8, 1938

I last saw him alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia general
Dysentery bacillary
Perforation sigmoid
Hypertension
Emphysema
Coronary sigmoid
Dysenteric sigmoid

Other contributory causes of importance:
?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. J. (Northcutt), M. D.
 (Address) St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, R. G. Taggart, Licensed Embalmer No. 2563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. G. Taggart
Licensed Embalmer No. 2563

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.)