

REC'D APR 20 1939

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

11966
Do not use this space.

1. PLACE OF DEATH
(a) County Polaski Registration District No. 712
(b) Township Richland Mo Primary Registration District No. 4427
(c) City Richland Mo Street No. _____
(d) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Angeline Oliver
(a) Residence, No. 411 1/2 Richland, Mo. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 1854
7. AGE YEARS 84 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 1939 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.
13. NAME George Washington Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
15. MAIDEN NAME Elizabeth Watt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
17. INFORMANT (ADDRESS) Overt A. Oliver, Richland, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland Cemetery DATE March 21 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Duple, Richland, Mo.
20. FILED March 20 1939 Overt A. Oliver, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to March 19 1939
I last saw her alive on March 19 1939. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Atherosclerosis - Feb 6/1939
Other contributory causes of importance: Arteriosclerosis 1930
Name of operation _____ Date of _____
What test confirmed diagnosis Bedside Was there an autopsy? no
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) Overt A. Oliver, M. D.
(Address) Richland 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.