

DEC 15 1939
DEC 1 1939

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

39265
Do not use this space.

1. PLACE OF DEATH *earlier*

(a) County *Pike* Registration District No. *146*
 (b) Township *Pike* Primary Registration District No. *3209*
 (c) City *Fremont Mo.* (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Warner Jefferson Oliver*
 (a) Residence, No. *Fremont 210* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word) married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Minerva Adaline Oliver* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 25-1864*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>75</i>	<i>2</i>	<i>12</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. *retired*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY)

FATHER

13. NAME *Killis Oliver*
 14. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Mary Jane Keen*
 16. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY)

17. INFORMANT *J.C. Oliver* (ADDRESS) *Fremont Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fremont Mo.* DATE *Nov. 9-39*

19. FUNERAL DIRECTOR (NAME) *Croy-Leuckel* (ADDRESS) *van Buren Mo.*

20. FILED *Nov 20 1939* *Jessie D. Schupp* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 7-39*, 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 1*, 19*38*, to *Nov. 7*, 19*39*
 I last saw him alive on *Nov. 7*, 19*39*. Death is said to have occurred on the date stated above, at *12:40 P.M.*
 The principal cause of death and related causes of importance were as follows:
Cancer of Esophagus
 Date of onset *1938*

Other contributory causes of importance:
Senility

Name of operation *Amputation* Date of _____
 What test confirmed diagnosis? *Amputation* 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) *Wm. H. Burton*, M. D.
 (Address) *Van Buren, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

50M-9-19-38
I X18605

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 Nov 1-39

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1234471

Date Filed 12-18-39

Signed.....

Licensed Embalmer No. 2936

P. O. Address Van Buren 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, above space should be left blank.