

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.

DEC 12 1939

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

40327
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
(b) Township _____ Primary Registration District No. 4350 Registered No. 29
(c) City Montgomery City 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph J. Oliver

(a) Residence, No. Montgomery City Mo 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Oliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27/1865

7. AGE YEARS 74 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Readsville Mo

FATHER 13. NAME Isac Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Andalin KXXXXXX Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineola Mo

17. INFORMANT (ADDRESS) Mrs Ollie Oliver
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence Cem DATE II/5/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins
Montgomery City Mo

20. FILED Nov. 6 1939 Paul Menzies
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/3/39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. Leaden Beateh Death is said to have occurred on the date stated above, 2:30 PM.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Chronic carditis & angina
Worry & excitement
Date of onset 11/8/39
Other contributory causes of importance: _____
1935
1939

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.

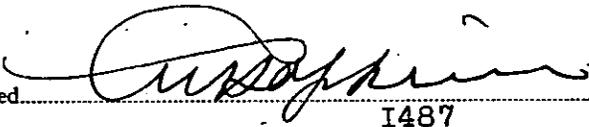
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. J. T. Andersen M.D.
529 (Address) Montgomery City, Mo
Coroner of Montgomery

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..... **On 3rd**
of Nov 1939

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... **I487**

P. O. Address..... **Montgomery City 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.