DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILE MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6524

Registration District No. 290 Primary Registration District No. 5408 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin Sale
(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin
(c) City or town Senath
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Oliver 416
3. (b) If veteran, name war 1
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 1/3
7. Birth date of deceased Feb. (Month) 12 (Day) 1843 (Year)

8. AGE: Years 66 Months 10 Days If less than one day hr. min.

9. Birthplace Sikeston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework 0
11. Industry or business
FATHER
12. Name Jacques Trotter 0
13. Birthplace Sikeston (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Winchester
15. Birthplace Sikeston (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature E. Oliver
(b) Address Kennett, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 39 (Month) (Day) (Year)
(c) Place: burial or cremation Senath, Mo.
18. (a) Signature of funeral director McDaniel Funeral S.
(b) Address Senath Mo.
19. (a) Feb. 6-1940 (Date received local registrar) (b) A. S. McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1939 hour 7:00 minute 0 M.
21. I hereby certify that I attended the deceased from Dec 13-39, 19 to Dec 13, 1939;
that I last saw her alive on Dec 13, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 8 hours
Due to Hemorrhage of Brain
Due to
Other conditions Want Knaus
(Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) 0 (County) 0 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? 0 (e) Means of injury 0
23. Signature F. W. Kidd M.D. (M. D. or other)
Address Senath Mo Date signed ~~1-4-39~~ 12-13-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
...rict Health Officer No. 2,
...ct File Number 246-65
... Filed 2/27/40

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 H. L. Gooch, Registered Apprentice No. ....., working under my personal supervision.

Signed H. L. Gooch

Licensed Embalmer No. 4106

P. O. Address Senath 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.