

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 7882Registration District No. 735Primary Registration District No. 3034Registrar's No. 33

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
525 Fisk Ave
 (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 7/16

3. (a) PRINT FULL NAME Mollie B. Oliver

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Warner H. Oliver 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct 1864
(Month) (Day) (Year)8. AGE: Years 75 Months - Days - If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name William Colley
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name Amanda Neal
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Warner H. Oliver(b) Address Moberly Mo17. (a) _____ (b) Date thereof Feb 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moham and Son18. (a) Signature of funeral director Moberly Mo

(b) Address _____

19. (a) Feb 12 1940 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 525 Fisk
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th
year 1940 hour 5 minute _____ P. M.21. I hereby certify that I attended the deceased from Jan 14 1939
Jan, 1939, to Feb 10 1940
that I last saw her alive on Feb 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Nephritis Duration Sever
4 years

Due to _____

Due to 121Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations noOf autopsy no

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) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature M. H. Mease (M. D. or other) _____Address Moberly, Mo Date signed 2/11/40

RECEIVED

District Health Officer No. 10

District File Number 3-40-632

Date Filed

MAR 12 1940

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 Frank D. Witt

Licensed Embalmer No. 3071

P. O. Address Moberly 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.