

No. 2-13-40  
17-39

SEP 25 1940

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 162

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: \_\_\_\_\_  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES OLIVER

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

4. Sex M 5. Color or race Black 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marial Oliver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 27 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Teamster

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Oliver  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Nancy Beasley  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marial Oliver  
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oliver Cemetery

18. (a) Signature of funeral director Tom S Patton  
(b) Address Huntville Mo

19. (a) Aug 17-1940 (b) Peak Sullivan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. Myra St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1940 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 7 to Aug 19  
that I last saw him alive on Aug 11 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
stroke

Due to \_\_\_\_\_  
Due to Arterial Hypertension

Other conditions (include pregnancy within 3 months of death) § 7 V

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature L E Fisher (M.D. or other) \_\_\_\_\_  
Address Moberly Mo Date signed 8/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 9-40-1810

Date Filed SEP 18 1940

DEC 12 1957

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

*Paul J. Patton*

Licensed Embalmer No.

4095

P. O. Address

*Huntville, 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, fact should be so stated above.