No. 2
-11-10-39
5-17-39
I X21492

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

NOV 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35550

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 21 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin
(If outside city or town limits, write "RURAL")

(d) Street No.: 114 N. Byers
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Frank Oliver

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: June 10, 1868 (Month) (Day) (Year)

8. AGE: Years 72 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Portersville, Penn. (City, town, or county) (State or foreign country)

10. Usual occupation: Gen. Manager Drilling Co.

11. Industry or business: Retired

FATHER
12. Name: No Record
13. Birthplace: No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jack Pulcher
(b) Address: Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cem.---Carthage

18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: Joplin, Missouri

19. (a) 10-10-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th year 1940 hour 9:00 minute PM M.

21. I hereby certify that I attended the deceased from May 1936, to Oct 8th 1940, that I last saw him alive on Oct. 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to: Hypertension (Severe)	
Due to: Arteriosclerotic Cardiac — Vascular renal disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: None performed.	

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other)
Address: 601 Frisco Bldg Joplin Mo. Date signed 10-10-40

(Licensed Embalmer's Statement on Reverse Side)

40-11-511

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin 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.