

MAR 19 1941

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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 Missouri (b) County Scott 100
(c) City or town Sikeston
(If outside city or town limits, write "RURAL") 3
(d) Street No. 135 N. Frisco St.
(If rural, give location) 2
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from January 14
14 1941 to February 20 1941;
that I last saw him alive on February 20
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory failure
Due to Pneumopneumonia 1 P. Day S

Due to Senility
Other conditions (include pregnancy within 3 months of death)
107

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James M. A. Oliver

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Jane Oliver 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5th 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Lyon County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business none

12. Name Billy Oliver

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. C. Tally

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof Feb. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Charleston, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Sikeston, Mo

19. (a) 3-7-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

2510

RECEIVED

District Health Officer No. 2,

District File Number 341-328

Date Filed 3/10/41

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.....

H. J. Welch
Licensed Embalmer No. 774

P. O. Address.....

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.