

Registration District No. **126**

Primary Registration District No. **3009**

Registrar's No. **214**

FILED JUL 12 1941

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
 (b) City or town **Cape Girardeau**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 North St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **58 Years** (Specify whether years, months or days)
 In this community **58 Years**

3. (a) PRINT FULL NAME **Minta Oliver**

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

4. Sex **Female** 5. Color or race **Negro** 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: **Dec. 26, 1882**
 (Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace: **Cape Girardeau, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Housework**

11. Industry or business: _____

12. Name: **James L. Oliver**

13. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name: **Jennie Daugherty**

15. Birthplace: **Cape Girardeau County, Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Addie Oliver (Sister)**

(b) Address: **515 North St. St. Louis and Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof: **June 5, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Fairmont Cemetery**

18. (a) Signature of funeral director: **F. S. Sparks**

(b) Address: **Cape Girardeau, Mo.**

19. (a) **6-2-41** (b) **J. M. ...**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Cape Girardeau**
 (c) City or town: **Cape Girardeau**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **515 North St.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
 year **1941** hour **7** minute **pm.**

21. I hereby certify that I attended the deceased from **July 5, 1940** to **June 2, 1941**; that I last saw her alive on **June 2, 1941**; and that death occurred on the date and her stated above.

Immediate cause of death: **apoplexy**
Hypertensive Heart Disease

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsy: _____

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

23. Signature: **W. A. Fungal** (M. D. or other) _____
 Address: **1701 Sprague St. Cape Girardeau, Mo.**

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 Sparks

Licensed Embalmer No. *3455*

P. O. Address..... *Cape Girardeau, 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.