

Registration District No. 427 Primary Registration District No. 4253 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 71 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson 57/  
(c) City or town Holden  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John C. Oliver

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

4. Sex M. / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lucy C. Oliver 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased Oct. 23 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 7 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Fur & Wool Merchant

11. Industry or business Buying and selling

12. Name Morris H. Oliver  
13. Birthplace N.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Perlina Hebler  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence M. Norman  
(b) Address Holden, Mo.  
17. (a) Burial (b) Date thereof June 15, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. H. Murray  
(b) Address Holden, Mo.  
19. (a) June 16, 1941 (b) Wm B. D. Redford  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1941 hour \_\_\_\_\_ minute 22 P. M.

21. I hereby certify that I attended the deceased from May 12  
\_\_\_\_\_, 1938, to June 12, 1941;  
that I last saw him alive on June 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis • Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
(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?  
3 \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Kelly Raylin (M. D. or other) P  
Address Holden Mo Date signed 6/14/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-10-41

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 Me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

*J. H. Murray*

Licensed Embalmer No. 3893

P. O. Address Holden, 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.