

AUG 25 1941
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **186**

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

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

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community Six years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Early Apt
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME JESSE ALLTON OLIVER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from July 14 1941 to July 21 1941; that I last saw him alive on July 14 1941 and that death occurred on the date and hour stated above.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Frank Oliver

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

Birth date of deceased Feb. 10 1882
(Month) (Day) (Year)

Immediate cause of death Myocarditis chronic

Duration ?

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>11</u>	hr. min.

Due to 192 H

Due to ?

Other conditions Thrombosis internal vein

(Include pregnancy within 3 months of death)

9. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations ?

Of autopsy ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Farmer

12. Name James M. Oliver

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

14. Maiden name James Frank

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

16. (a) Informant James C. Oliver

(b) Address Kansas City Mo

17. (a) Funeral (b) Date thereof July 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Frank E. Decker

(b) Address Columbia, Mo

19. (a) 7/28/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

(Specify type of place) (e) Means of injury

While at work

23. Signature Frank E. Decker (M. D. or other)

Address Columbia, Mo Date signed 7/28/41

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.....

.....
Licensed Embalmer No. 4732

P. O. Address.....
Columbia, 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.