

No. 2
-13-40
-17-39
X23159

FILED AUG 15 1941

State File No. _____

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 17

1. PLACE OF DEATH: Montgomery City
 (a) County Montgomery
 (b) City or town Montgomery
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 7 months years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Montgomery
 (c) City or town Montgomery City
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Orlena Oley
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28th year 1941 hour 8:45 minute _____ P. _____ M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Missora Oley 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec 29 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1941, to June 28, 1941.
 that I last saw her alive on June 27, 1941.
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 6 Days 30 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis
 Duration 2 weeks

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

Due to Chc myocarditis years
 Due to Chc hepatitis years

10. Usual occupation farmer

Other conditions none
 (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name Albert Oley

Of operations _____

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

Of autopsy _____

14. Maiden name Lebanon

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

16. (a) Informant Missora Oley
 (b) Address Montgomery City, Mo.

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? _____

17. (a) Reinterred (b) Date thereof June 30 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Howell, Mo.

18. (a) Signature of funeral director W. J. ...
 (b) Address Wentzville, Mo.

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

19. (a) June 28, 41 (b) Paul ... (Date received local registrar) (Registrar's signature)

23. Signature E. J. T. Anderson, M.D. (M. D. or other) M.D.
 Address Montgomery City, Mo. Date signed 6/28/41

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

MOTHER FATHER

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.....

R. C. Pitman

Licensed Embalmer No.....

2711

P. O. Address.....

Wentzville, 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.