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18700

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 10 1942

Registration District No. 607

Primary Registration District No. 3918

Registrar's No. 31

82000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town (RURAL) HARTFORD Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
NEAR NEW HARTFORD MO!  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE<sup>82</sup>

(c) City or town (RURAL)<sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR NEW HARTFORD MO.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY FRANKLIN OLIVER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 5 day 29  
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1938  
\_\_\_\_\_ 19 \_\_\_\_\_ to July 29 1942  
that I last saw him alive on July 29 1942  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

(b) Name of husband or wife ELIZABETH OLIVER

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

7. Birth date of deceased APRIL 29 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Chronic Endocarditis

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

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>0</u>	_____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name G. J. OLIVER

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

14. Maiden name REBECCA GROOMS

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

16. (a) Informant Steve Oliver

(b) Address Spencersburg Mo

17. (a) BURIAL (b) Date thereof 20 31 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRASSY CREEK  
Barren + stumps

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) June 3 1942 (b) Mr Frank Dodson  
(Date received local registrar) (Registrar's signature)

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 J. M. Mathews (M. D. or other) \_\_\_\_\_  
Address Baring Green Mo Date signed \_\_\_\_\_

1148 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-42-1227

Date Filed JUN - 9 1942

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

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

working under my personal supervision.

Signed J. B. Starnes

Licensed Embalmer No. 4039

P. O. Address Louisiana 9M

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.