

FILED OCT 15 1942

Registration District No. **42**

Primary Registration District No. **4057**

Registrar's No. **310**

1200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

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

In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Jacob M. Oller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28 - 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER

12. Name Ed M. Oller

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

14. Maiden name uk.

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

16. (a) Informant Eliza Wells

(b) Address Quilin, Mo.

17. (a) Burial (b) Date thereof Sept 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell Mo.

19. (a) 9-30-42 (b) Belle Kenner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1942 hour 8 minute 50a. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Sept 27, 1942
that I last saw him alive on Sept 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs 36 day

Due to Mitral Regurgitation

Due to _____

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

Major findings: Of operations ✓ Of autopsy ✓

PHYSICIAN 926

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? _____

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

23. Signature Booth Oller (M. D. or other) _____
Address Quilin Mo. Date signed 9/29/42

RECEIVED
District Health Office No. 2,
District File Number 1042-1297
Date Filed 10-7-42

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 E. W. Sanders
Licensed Embalmer No. 2289
P. O. Address Campbell Md

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.