

S. No. 2  
1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31490

OCT 13 1942

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

Registration District No. 324

Primary Registration District No. 6092

Registrar's No. 145

97  
0  
0

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural Grand Pass  
(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 Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Thomas Oliver

3. (b) If veteran, name war no

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased April 29 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Sumkin Oliver

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

14. Maiden name Juna Virginia Marshall

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

16. (a) Informant Martha Simmons

(b) Address Grand Pass, Mo.

17. (a) Waverly, Mo. (b) Date thereof 9-13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Cemetery

18. (a) Signature of funeral director Willie Marshall

(b) Address Carrollton Mo.

19. (a) 9-14-42 (b) Mo T. O. Weathers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Rural Grand Pass  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12<sup>th</sup>  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 9<sup>th</sup> 1942 to SEPTEMBER 12<sup>th</sup> 1942  
that I last saw him alive on SEPTEMBER 11<sup>th</sup> 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA (BRONCHIAL) Duration 2 DAYS

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

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

Other conditions CEREBRAL HEMORRHAGE 4 DAYS  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 107

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

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? \_\_\_\_\_

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

23. Signature Geo A. Kelling (M. D. over)

Address Waverly Mo Date signed 9-12-42

1265 (Licensed Embalmer's Statement on Reverse Side)

