

S. No. 2
 1-9-4-41
 5-17-39
 PI X29484

33181

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942

Registration District No. 2-1-27-39

Primary Registration District No. 40-505121

Registrar's No. 9

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Boone
 (c) City or town Harrisburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME URA Martin Oliver
 3. (b) If veteran, name war x 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 30th
 year 1942 hour 7 minute P M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive x years

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 4 1885
 (Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 57 Months 1 Days 26 If less than one day _____ hr. _____ min.

Due to Heart Attack

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

Due to Myocardial Regurgitation
(Dissected)

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 92 lb

11. Industry or business _____
 12. Name Samuel Oliver
 13. Birthplace Pike Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Cynthia Grooms
 15. Birthplace Pike Co Mo
 (City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy no

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

16. (a) Informant W E Houchens
 (b) Address Louisiana Mo
 17. (a) Burial (b) Date thereof Nov 3 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 11-30-42
 (c) Where did injury occur? x (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director R. C. Willett
 (b) Address Columbia Mo
 19. (a) Nov 5 1942 (b) Mar H. Gullett
 (Date received local registrar) (Registrar's signature)

(Specify type of place) _____
 While at work _____ (c) Means of injury car
 23. Signature Marion Madam (M. Doctor)
 Address Columbia Mo Date signed 11/2/42

8688

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

10
00

10
00

MOTHER FATHER

257
9
225-

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 *[Handwritten Signature]* _____

Licensed Embalmer No. 3183

P. O. Address *[Handwritten Address]*

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.