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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33420

State File No.

Registration District No. 23

Primary Registration District No. 3016

Registrar's No. 308.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: 1004 Maple Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether
In this community: 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 1004 Maple
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Frank Joseph Oliver

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Minnie

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Dec (Month) 29 (Day) 1871 (Year)

8. AGE: Years 70 | Months 9 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: William County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Railroad Worker

11. Industry or business: ✓

MOTHER FATHER

12. Name: Richard Oliver

13. Birthplace: Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Harper

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Minnie Oliver

(b) Address: Cape Girardeau Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 10 26 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Joe Robinson

(b) Address: Cape Girardeau Mo

19. (a) 11-2-42 (Date received local registrar) (b) F. W. Shelby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 24
year: 1942 hour: 7 minute: 30 p. M.

21. I hereby certify that I attended the deceased from: October 21st, 1942 to Oct. 23rd, 1942; that I last saw him alive on: Oct. 23rd, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Artery Disease Chr Myocarditis	
Due to: Arteriosclerosis	
Due to:	
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.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: D. B. Elrod (M. D. or other)

Address: Cape Girardeau Mo Date signed: 10 26 42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

File Number 1142-1381

11-9-42

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cliff Lindsay TXO

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.