

FILED DEC 11 1942

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

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 482

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Harold Willard Oliver

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, or married

6. (b) Name of husband or wife Laura Oliver 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug 2 1894 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	3	0	hr. _____ min.

9. Birthplace Jasper Missouri (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Manager Garage

12. Name of father: Willard O. Oliver

13. Birthplace of father: \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name of mother: \_\_\_\_\_

15. Birthplace of mother: \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Laura Oliver

(b) Address: 118 W. Pearl

17. (a) (b) Date thereof: Nov 3 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: \_\_\_\_\_

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

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

19. (a) 11-30-42 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(d) Street No. 118 W. Pearl  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st year 1942 hour 11 minute 01 M.

21. I hereby certify that I attended the deceased from 9-9-42 to 10-1 1942 that I last saw him alive on 10-17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Ch.

Due to: Acute cardiac dilata

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

Other conditions: (Include pregnancy within 3 months of death) 93d

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

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

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 \_\_\_\_\_

28. Signature: \_\_\_\_\_ (M. D. or other) \_\_\_\_\_ Address: \_\_\_\_\_ Date signed: \_\_\_\_\_

Duration: 6 hrs 1 hrs  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-11-947

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**STATEMENT BY LICENSED EMBALMER**

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mrs. [unclear]

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

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. ~~3000~~ 42

P. O. Address Webb City - Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**