

FILED DEC 8 1942
Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 105

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

1. PLACE OF DEATH:
(a) County... MISSISSIPPI
(b) City or town... CHARLESTON
(c) Name of hospital or institution:
217 E. MARSHALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community... 1 DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... MISSOURI (b) County... MISSISSIPPI
(c) City or town... CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 217 E. MARSHALL
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME... CHARLES GUNTER OLIVER
3. (b) If veteran, name war... No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... OCTOBER day... 29TH year... 1942 hour... 2 minute... A.M.
21. I hereby certify that I attended the deceased from Oct 28 1942, to Oct 29 1942 that I last saw h. alive on Oct 28 1942 and that death occurred on the date and hour stated above.

4. Sex... MALE 5. Color or race... WHITE
6. (a) Single, widowed, married, divorced... INFANT
6. (b) Name of husband or wife...
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... OCTOBER 28TH 1942
(Month) (Day) (Year)

Immediate cause of death... Prematurity
Due to...
Due to...
Other conditions... none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

9. Birthplace... CHARLESTON, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... INFANT

11. Industry or business...
12. Name... HOWARD DEARMONT OLIVER
13. Birthplace... SWEATMAN MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name... MARGARET RUSH
15. Birthplace... JONESBORD ARKANSAS
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations... none
Of autopsy... none
Underline the cause to which death should be charged statistically.

16. (a) Informant... HOWARD DEARMONT OLIVER
(b) Address... 217 E. MARSHALL - CHARLESTON, Mo
17. (a) BURIAL (b) Date thereof... 10-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... 100 E. CHARLESTON, Mo

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?

18. (a) Signature of funeral director...
(b) Address... CHARLESTON, Mo
19. (a) 1-15-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury...
23. Signature... E. Charles Kelling (M.D. or other)
Address... Charleston, Mo Date signed... 10/29/42

RECEIVED

District Health Office No. 2,

District File Number 1242-1522

Date Filed 12-7-42

NOV 4 1953

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.....

Licensed Embalmer No.....

P. O. 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.

Not Embalmed