

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

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92873

NOV 12 1943

State File No.

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural-- Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jasper County Alms House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 4, Carthage
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. - - -

3. (a) PRINT FULL NAME Fred Olliphant

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife - - -

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

7. Birth date of deceased November 25 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	11	3	
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.....hr.min.

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

10. Usual occupation Laborer

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant County Farm Records

(b) Address Route 4, Carthage, Mo.

17. (a) Burial (b) Date thereof Oct. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Oct. 29 1943 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 28 to Oct. 28, 1943; that I last saw him alive on Oct. 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cause of the section

Due to section

Due to 46d

Other conditions 46d
(Include pregnancy within 3 months of death)

Major findings: Of operations 46d

Of autopsy 46d

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 at home (Specify type of place)

23. Signature P. H. Webster Crowder
(M. D. or other)

Address Carthage, Mo. Date signed Oct 29

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-10-920

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..... *Emm L. Truel*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.