

FILED DEC 3 1943
Registration District No. 280

Primary Registration District No. 5959

Registrar's No. 37

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town north of Platte City Fairway
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
no.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether
 In this community 11/11/43
years, months or days)

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

3. (a) PRINT FULL NAME George H. OLIVER
 3. (b) If veteran, name war no 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November, day 11
 year 1943 hour 3 minute 45 A.M.
 21. I hereby certify that I attended the deceased from May 30
1943 to November 11, 1943
 that I last saw him alive on November 11, 1943
 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 single
 6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased: September 11 1873
(Month) (Day) (Year)

Immediate cause of death:
Coronary Sclerosis

8. AGE: 70 Years Months 2 Days 0
 If less than one day hr. min.

Due to Arteriosclerosis

9. Birthplace Gault, Ontario Canada 2
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Andrew Oliver

Of autopsy

13. Birthplace unknown Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Banister

15. Birthplace XX England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Oliver

(b) Address Platte City, Missouri

17. (a) Burial (b) Date thereof Nov. 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director W. B. Vaughn

(b) Address Weston, Mo.

19. (a) 11-13-43 (b) Mrs. Clay Suffer
(Date received local Registrar) (Registrar's signature)

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

23. Signature Edward W. Helme (M. D. or other) M.D.

Address Platte City, Mo. Date signed 11/12/43

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

1209

RECEIVED

District Health Officer No. Platte

District File Number 12-43-100

Date Filed 12-1-43

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. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address. Weston, Mo.

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.