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S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **1935**

**FILED MAY 11 1944**  
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether in this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3802 Monroe  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mollie Oliver

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Wid

(b) Name of husband or wife Montgomery Oliver 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug - 5 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 25 If less than one day hr. min.

9. Birthplace mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Victorich Schane

13. Birthplace mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Susan a. Emerne

15. Birthplace mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Oliver

(b) Address Quincy Tel

17. (a) Burial (b) Date thereof May 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm C R Forte

(b) Address 914 Brooklyn

19. (a) 5-3-44 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12, 1944 to April 30, 1944 that I last saw her alive on April 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 4/6d

Of autopsy None

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) M.D.  
Address Med. Dir. Gen'l Hosp. Date signed 5-1-44

*Received by*  
*James White*  
*2121 E. 1st St.*  
*St. Louis, Mo.*  
*CS*

**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 Ralph W. Rannels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.**