V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 17721

Registration District No. 91 Primary Registration District No. 4091 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Carter

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

(c) Name of hospital or institution: Her own Home
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Carter

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda Oliver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. C. Oliver

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

7. Birth date of deceased June (Month) 23 (Day) 1891 (Year)

8. AGE: Years 52 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business J. C. Ellis

FATHER
12. Name Joe Ellis
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Almeda Green
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant J. C. Oliver
(b) Address Freemont Mo.

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof May 16 (Month) 44 (Day) (Year)

(c) Place: burial or cremation Eveline Cemetary

18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo.

19. (a) May 12 - 1944 (Date received local registrar) (b) Mrs A J Smith (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 11 year 1944 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Visited one time patient 19 to 19 moribund 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis & hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Collou (M. D. ~~or other~~)

Address 5-11-4 Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1944

AUG 3 1944

## 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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

**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.**