

FILED AUG 12 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington, Missouri  
(c) Name of hospital or institution Nil  
(d) Length of stay: In hospital or institution 1  
In this community Lifetime  
years, months or days 66 yrs, 3 mos, 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Lexington, Mo - 54  
(d) Street No. 3rd St  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Rosa Oliver

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced, widow  
6. (c) Age of husband or wife if alive

7. Birth date of deceased March 23 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 13  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name John T. Carter

13. Birthplace Lafayette County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Smith

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

16. (a) Informant Mary Knight

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof 7-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (c) Signature of funeral director Green & Sons

(b) Address Lexington, Mo.

19. (a) 7-8-44 (b) Mrs. O. Schaub  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1944 hour 2:00 minutes P.M.

21. I hereby certify that I attended the deceased from Dec 12-14-43, 19 to July 6, 1944  
that I last saw her alive on July 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Derechymotum cerebri  
Due to spinal Les N.S.

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings: 30

Of operations

Of autopsy

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 Geo. O. Westral

Address Lexington, Mo Date signed 7-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1158

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-11-74

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.....

*William Henley*

Licensed Embalmer No. 3105

P. O. Address Lexington, 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.