

FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37400**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **383**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 236 North Fountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lester Oliver

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 22 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business INTERNATIONAL Shoe Co.

MOTHER FATHER { 12. Name Frank Oliver
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Osburn
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lester Oliver

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof II 13 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director F. W. Phelps

(b) Address Cape Girardeau Mo

19. (a) 11-16-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 236 North Fountain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day II
year 1944 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from 19 to 19 ;

that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Frontal Bone of the Skull

Due to Automobile Accident

Due to

Other conditions 170E 22
(Include pregnancy, within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT. 115

(b) Date of occurrence 11-11-44

(c) Where did injury occur? CAPE GIRARDEAU - GRO GIR. MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HIGHWAY 61 - SOUTH CAPE -

While at work? No (Specify type of place) (e) Means of injury

23. Signature J. G. Sigmond Coroner
Address Jackson MO Date signed 11-11-44

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

RECEIVED

District Health Officer No. 4
District File Number 1244-4656
Date Filed 12-7-44

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. H. Estes
Licensed Embalmer No. 3568
P. O. Address Chgo Riv 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.