

FILED JAN 16 1945

Primary Registration District No. 4248

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
In Center Creek
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME Freda B. Oliver

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex f | 5. Color or race W

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

6. (b) Name of husband or wife Floyd E.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 31 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business home

12. Name J. H. Carder

13. Birthplace Pierce City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lora

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

16. (a) Informant Miss Ila Oliver

(b) Address Sarcoxie, Missouri

17. (a) Burial (b) Date thereof 12/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie Missouri

19. (a) 12/16/44 (b) Roland Engelage
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Sarcoxie
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 10
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner - Duration _____

Accidental 183

Due to Provenance

Due to Dr. Jensen

Other conditions: Dr. Jensen
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: Dr. Jensen

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)

23. Signature Dr. Jensen M.D. or other _____

Address 3114 Maple Date signed 5/1/45

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

44-12-1099

FEB 26 1945

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..... *Geo B. Orr*
Licensed Embalmer No. *946*
P. O. Address *Mr Fernon Ma*

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.