

No. 2
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-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2802

State File No. _____

Registration District No. 132

Primary Registration District No. 5472

Registrar's No. _____

1. PLACE OF DEATH

(a) County GRUNDY

(b) City or town Rural Hamlin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R-7 D #6, Denton mo.
(If not in hospital or institution, write street number or location)

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

In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY Mo

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

(d) Street No. R-7 D #6, Denton mo.
(If rural, give location)

(e) Citizen of foreign country? NO 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Conelia Bert OYLER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race white

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

6. (b) Name of husband or wife Blanche Oyer

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 17, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>9</u>	<u>4</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Conelia Bert OYLER

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

14. Maiden name Marjorie Jane Claffer

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

16. (a) Informant Mrs. Blanche Oyer

(b) Address R-7 D #6 Denton Mo

17. (a) BURIAL (b) Date thereof Dec. 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Denton Mo

18. (a) Signature of funeral director James A. Wain

(b) Address Denton Mo

19. (a) 12-22-45 (b) Gene Farr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1945 hour _____ minute 11 A. M.

21. I hereby certify that I attended the deceased from I was called to see this patient, he was dead when
that I last saw him and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to the pushing car in sugar mill

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration About 15 or 20

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) Accident

(b) Date of occurrence Dec 21-1945

(c) Where did injury occur? Home Grundy Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
One farm

While at work? Yes (Specify type of place) (e) Means of injury Pushing car

23. Signature W. H. Muller (M. D. or other) MD

Address Denton Mo Date signed 12-22-45

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

FEB 11 1946

FEB 18 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

myself..... Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Davis*.....

Licensed Embalmer No. *3424*.....

P. O. Address. *Quincy 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.