S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6575

FILED FEB 19 1946

Registration District No. 2473 Primary Registration District No. 3048 Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Newton

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

(c) Name of hospital or institution: Sale - memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days) In this community: 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Newton

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

(d) Street No. 423 W. McCurd (If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs Arzilla Oliver

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: William M. Oliver

6. (c) Age of husband or wife if alive: 19 years

7. Birth date of deceased: Sept (Month) 19 (Day) 1862 (Year)

8. AGE: Years 83 Months 4 Days 7 If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Sutton

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

14. Maiden name: Sarah Martin

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

16. (a) Informant: Mrs. Nell Garrant

(b) Address: Neosho, Mo.

17. (a) Burial (Burial, cremation, or removal); (b) Date thereof: 1-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F., Neosho, Mo.

18. (a) Signature of funeral director: Thompson Funeral Home

(b) Address: Neosho, Mo.

19. (a) Feb. 5, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 21 1946, to Jan 26 1946, that I last saw her alive on Jan 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Heart Failure. — Duration

Due to: Arteriosclerosis

Due to: Chronic Interstitial nephritis

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

Major findings: Of operations: None

Of autopsy: None

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: Melvin C. Bowman (M. D. or other) M.D.

Address: Neosho, Mo. Date signed 2-4-46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 146-19

Date Filed 2-18-46

JAN 12 1956

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 George R. Drummell, Registered Apprentice No. 391, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3346 Mo.

P. O. Address 1120 E. 32nd St

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.