

S. No. 2
DM-5-43
V. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27230
Registrar's No. 3675

FILED SEP 9 1946

Registration District No. 749 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
2208 East 31st Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2208 East 31st Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rufus W. OLIVER

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 24 th
year 1946 hour 9:30 minute A.M. M.

3. (b) If veteran, name war None 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 6 months, 1946, to 8-24, 1946
that I last saw him alive on 8-24, 1946
and that death occurred on the date and hour stated above.

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

Immediate cause of death Chronic Myocardial Degeneration & Coronary Arteriosclerosis Duration 10-15 yrs

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

Due to Arteriosclerosis 10 yrs

7. Birth date of deceased January 25th, 1866
(Month) (Day) (Year)

Due to Senility

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>29</u>	hr. min.

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

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

Major findings: 93 D
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Interior Decorator

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? _____

11. Industry or business Private business

12. Name E. W. Oliver

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

14. Maiden name Mollie Walker

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

16. (a) Informant Sister Mary Leola, B.V.M.
(b) Address Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/46
(Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody McGilley Eylar
(b) Address 1800 Linwood, K.C.Mo.

23. Signature [Signature] (M. D. or other) _____
Address 2202A E. 31st St. K.C.Mo. Date signed 8-26-46

19. (a) 8/26/46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

26133

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.....

Dean Cole, Registered Apprentice No. *408*,
working under my personal supervision.

Signed *Russell K. France*

Licensed Embalmer No. *4255*

P. O. Address *K. C. 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.