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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 7 1947**  
Registration District No. 233

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 41434  
Registrar's No. 25

Primary Registration District No. 4348

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

1. PLACE OF DEATH:  
(a) County Montgomery  
(b) City or town Wellsville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home of a son, Ray Oliver. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 93 yrs. years, months or days)

3. (a) PRINT FULL NAME Mary Ann 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 Widowed  
6. (b) Name of husband or wife M. J. Oliver 6. (c) Age of husband or wife if 81 years  
7. Birth date of deceased May 8 - 1853  
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montgomery Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business same

MOTHER FATHER

12. Name John Quincy  
13. Birthplace Richland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Jenny Hedrick  
15. Birthplace England 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Oliver

(b) Address Wellsville Mo  
17. (a) Burial (b) Date thereof 12-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director R. G. Stinson

(b) Address Wellsville Mo  
19. (a) 12-28-46 (b) Thos. Meritt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Wellsville Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Second St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1946 hour 5 minute 25 P. M.  
21. I hereby certify that I attended the deceased from Nov 25  
1946 to Dec 22, 1946  
that I last saw her alive on Dec 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic apoplexy. Duration 1 min

Due to arterio sclerosis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 82A  
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)  
(e) Means of injury 0

23. Signature R. G. Stinson (M. D. \_\_\_\_\_)  
Address Wellsville Mo Dec 28 46

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 1-2-47

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 self  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A B Wells  
Licensed Embalmer No. 15518  
P. O. Address Nuttaville 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.