

FILED JAN 23 1947

Registration District No. 27

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME SHARON LUCILLE OLIVER

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: March 10 1946
(Month) (Day) (Year)

8. AGE: Years 00 Months 8 Days 26 If less than one day hr. _____ min. _____

9. Birthplace: Adrian 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Chris E. Oliver

13. Birthplace Summerville 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Deardoff

15. Birthplace Adrian 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chris E. Oliver
(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 12 8 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director _____
(b) Address _____
19. Dec 14-46 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile east of Archie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1946 hour 7:50 minute P.

21. I hereby certify that I attended the deceased from 12-6-46 to 12-6-46, 1946
that I last saw her alive on 12-6- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 0

23. Signature L. D. LaHue (M. D. or other) md
Address Butler, Mo. Date signed 12-12-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42184

1915-11
AMAB

12-2-23
12-2-23
12-2-23

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.....

Frederic W. Creath & Co. Supt. Registered Apprentice No. *Licensed 3650*
working under my personal supervision.

Signed *Frederic W. Creath*

Licensed Embalmer No. *3343*

P. O. Address *Adrian, 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.