

FILED JUN 23 1947  
Registration District No. \_\_\_\_\_

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**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, **7 DAYS**  
(Specify whether years, months or days) **Lifetime**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**  
(c) City or town **KANSAS CITY 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5927 E. 37TH ST. 5**  
(If rural, give location) **J**  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**WALTER OLIVER**

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

4. Sex **MALE 2** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **June 22, 1946**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**11 17** hr. min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **JOHN M. Oliver**

13. Birthplace **SEDALIA MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **LENA PLEASANT**

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

16. (a) Informant **LENA OLIVER (MOTHER)**

(b) Address **5927 E. 37TH ST.**

17. (a) **burial** (b) Date thereof **6-12-47**  
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn, K.C., Mo.**

18. (a) Signature of funeral director **Bailey Funeral Home**

(b) Address **2065 No. 5th K.C., Mo.**

19. (a) **6-11-47** (b) **Thad Dineen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **9**,  
year **1947** hour **3:** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **JUNE**  
**2**, 19 **47** to **JUNE 9**, 19 **47**  
that I last saw him alive on **JUNE 9**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **TRACHEO BRONCHITIS** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **106c**

Major findings: Of operations \_\_\_\_\_

Of autopsy **SAME AS ABOVE**

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) (e) Means of injury \_\_\_\_\_

23. Signature **Frank J. Day** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **6/9/47**

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. M. M. Overton

Licensed Embalmer No. 2007

P. O. Address K.C. Kansas

**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.**