

S. No. 2
M-5-43
7. 5-17-39
I X36871

State File No. _____

FILED FEB 16 1948

Registration District No. 189

Primary Registration District No. 3040

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
347 Calhoun St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 347 Calhoun St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Virgil Oliver

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male White

5. Color or race White

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

6. (b) Name of husband or wife Pearl Oliver

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

7. Birth date of deceased September 9, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>21</u>	<u>X</u> hr. <u>X</u> min.

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad conductor - Ret.

11. Industry or business X

12. Name J. Frank Oliver

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

14. Maiden name Unknown

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

16. (a) Informant Mr. J. T. Oliver

(b) Address Chillicothe, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 2/1/48
(Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado

18. (a) Signature of funeral director Donald F. Gordon

(b) Address Chillicothe, Mo.

19. (a) Jan/31/48 (Date received by registrar)

(b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 30 Jan 1948 to 30 Jan 1948
that I last saw him alive on 30 Jan 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 V. D. Vandiver (M. D. or other) _____

Address Chillicothe, Mo. Date signed 31 Jan

MAR 29 1948

OCT 14 1948

MAR 1 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Ronald F. Gordon*

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.