

S. No. 22
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4146

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 9 mo.
(Specify whether same years, months or days)

In this community same
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE H. OLIVER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1948 hour 11 minute 9 M.

4. Sex M. Color or race N

6. (b) Name of husband or wife _____

7. Birth date of deceased: 8 (Month) 19 (Day) 1865 (Year)

21. I hereby certify that I attended the deceased from 2-10/48, 1948 to 2/14/48, 1948; that I last saw him alive on 2-14/48, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death: Chronic myocarditis

Due to Generalized arteriosclerosis.

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

10. Usual occupation none

11. Industry or business _____

12. Name Charles Oliver

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

14. Maiden name Ann Shultz

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

16. (a) Informant Hospital Records

(b) Address Fulton Mo.

17. (a) Removal (b) Date thereof 2 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. D. Roberts

(b) Address Columbia Mo

19. (a) 2-19-48 (b) Jouis Momin
(Date received local registrar) (Registrar's signature)

Major findings: 938

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.P. Price (M.D. or other)
Fulton Mo Date signed 2/14/48
by H. V. Mayo M.D.

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

3/2/48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.