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OM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15591

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 131

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospt No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Mo 6 days (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town County Home 0
(If outside city or town limits, write "RURAL")
(d) Street No. 912 E 16 St 0
(If rural, give location)
(e) Citizen of foreign country? N (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME OLIVER. HENRY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 2

5. Color or race negro

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

6. (b) Name of husband or wife no

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

7. Birth date of deceased Feb (Month) 1 (Day) 1881 (Year)

8. AGE: Years 67 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Morgan City (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name D K 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name D K 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospt No 1
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director Glen Y. Marpin
(b) Address 912 Court Fulton, Mo

19. (a) May 19-1948 (Date received local registrar) (b) Josie Morawitzkoff 38 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from 5-15-48, 19 to 5-16, 1948 that I last saw him alive on May 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis (chronic) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93D

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)
While at work? (e) Means of injury

Signature R R Luce M D (M. D. or other)
Address Fulton Mo Date signed 5/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed J. V. Rustom

Licensed Embalmer No. 2555

P. O. Address Fullerton Neb.

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.