V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18866

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 200

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hours (Specify whether
In this community 10 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 330 No. Pacific St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Mary-Lynn Harris Oliver

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

4. Sex Female
5. Color or race White
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 (Month) 24 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 10 hr. 0 min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Jack L. Oliver
13. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pierce
15. Birthplace New York (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant Allen L. Oliver
(b) Address Cape Girardeau Mo.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof June 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mausoleum
18. (a) Signature of funeral director Walthers Funeral Home
(b) Address Cape Girardeau Mo.
19. (a) 6-28-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/24, 1948 to 6/24, 1948 that I last saw her alive on 6/24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis Foetalis

Due to Incompatibility Mother Rh Ny

Due to Father Ab. Po

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 161
Of autopsy

Duration

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 0

23. Signature Chas. T. Herber (M. D. or other)
Address Cape Girardeau, Mo. Date signed 6/28/48

(Licensed Embalmer's Statement on Reverse Side)

WED

alth Officer No. 4

File Number 748-854

led 7-6-48

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 Richard O. Laird, Registered Apprentice No. 502, working under my personal supervision.

Signed J. H. Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau 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.