

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37339

State File No.

Registrar's No. 178

FILED DEC 7 1945

Registration District No. 137

Primary Registration District No. 4217

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home at Urich, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 53 years 10 months 17 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK DeWATER Oliphant

3. (b) If veteran, name war.....
3. (c) Social Security No. NONE
(Civil Service)

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Dock Oliphant 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 29, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Rural Mail Carrier

11. Industry or business.....

12. Name Samuel Joseph Oliphant

13. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Moody

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

16. (a) Informant Mrs. Sterling E. Goddard

(b) Address Urich, Missouri

17. (a) Burial (b) Date thereof Nov. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urich Cemetery

18. (a) Signature of funeral director A. J. Brown

(b) Address Urich, Mo.

19. (a) 11-19-1945 (b) W. B. Brown
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Urich
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 15 day.....
year 1945 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 10:15 P.M. Nov 14 1945 to 2:00 A.M. Nov 15 1945
that I last saw him alive on Nov 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Acute Indigestion

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: 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. G. McDonald (M. D. or other)
Address Urich, Mo. Date signed 11-16-45

Duration 15 min
3 or 4 hrs
PHYSICIAN Underline the cause to which death should be charged statistically.

1402 R. H. Henry (Licensed Embalmer's Statement on Reverse Side)

110
4-45

FEB 1 1946

DEC 10 1945

MAR 25 1946

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 *R. R. Kenney*.....

Licensed Embalmer No. *3099*.....

P. O. Address *Clinton Md*.....

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.