

REC'D JUL 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21645
Do not use this space.

1. PLACE OF DEATH: Clinton
 (a) County: Clinton Registration District No. 204
 (b) Township: Shear Primary Registration District No. 3013
 (c) City: Cameron (d) Street No. 35
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME: Fannie Edna Oliver
 (a) Residence, No. North Mead St. (If nonresident, give city or town and State) 1416
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
 4. COLOR OR RACE: White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. G. Oliver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16th. 1874
 7. AGE: 63 YEARS, 10 MONTHS, 9 DAYS. If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.:
 10. Date deceased last worked at this occupation (month and year):
 11. Total time (years) spent in this occupation:
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte County, Mo. 0
 13. NAME: Geo R. Arnold 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo. 0
 15. MAIDEN NAME: Missouri Boydston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dearborn, Mo.
 17. INFORMANT: H. G. Oliver. Cameron, Mo.
 18. BURIAL, CREMATION, OR REMOVAL: Masonic Cem. Dearborn, Mo. DATE: June 28, 1938
 19. FUNERAL DIRECTOR: O. A. Moore Cameron, Mo.
 20. FILED: June 27[#] 1938 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25th 1938
 22. I HEREBY CERTIFY that I attended deceased from Jan. 1 1938 to June 25th 1938
 I last saw h. *alive* on June 25th 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
 Chronic Myocarditis Date of onset: 93C
 Other contributory causes of importance:
 Name of operation: _____ Date of: _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury: _____
 Nature of injury: _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify: _____ (Signed) [Signature], M. D.
 (Address) Cameron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, O. A. Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. A. Moore

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: O. A. Moore
Licensed Embalmer No. 1180

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)