

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

9680  
Do not use this space.

APR 17 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Rau Primary Registration District No. 1002 Registered No. 1286  
 (c) City Jackson City (d) Street No. 2836 Indiana St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.  
 416 Mrs. Laura B. Oliver  
 2. PRINT FULL NAME  
 (a) Residence, No. 2836 Indiana St.  (If nonresident, give city or town and State)  
 (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  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. Nelson Oliver  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1885  
 7. AGE YEARS 53 MONTHS 3 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home  
 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) Nebraska  
 FATHER 13. NAME J. M. Kipp  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Hannah Rice  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Mr. C. Nelson Oliver  
2836 Indiana  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Rd. DATE Nov. 25, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Newcomer Sons  
6 Bushcreek & Pauls  
 20. FILED 3-24 1939 M. M. Crow  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to March 23, 1939  
 I last saw him alive on March 23, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of  
Pectum 46  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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 J. M. Frauehender M. D.  
 (Signed) J. M. Frauehender (Address) 824 Piatts Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 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 *George M. Collier*

Licensed Embalmer No. *3839*

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, above space should be left blank.**