DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2648

Registration District No. 408 — Primary Registration District No. 3020 — Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jasper 1

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jeffords Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days) Ed

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage (If outside city or town limits, write "RURAL")

(d) Street No. 1737 So. Maple (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Victor E Oliver

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Divorced

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

7. Birth date of deceased Jan (Month) 27 (Day) 1874 (Year)

8. AGE: Years 66 Months 0 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Magazine Ark (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name W. H. Oliver
13. Birthplace X Ship. Tenny Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carmichael
15. Birthplace X Blunt Co Alabama (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Oliver

(b) Address Bentonville, Ark

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation X Fayetteville Ark

18. (a) Signature of funeral director Callison, M. Kinney

(b) Address Bentonville, Ark

19. (a) Jan. 29, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1940 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov 13 - 1939 Nov 13, 1939, to Jan 29, 1940 that I last saw him alive on Jan 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary carcinoma liver	2 yrs
Due to ✓	
Due to ✓	
Other conditions arterio sclerosis - (Include pregnancy within 3 months of death)	

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Major findings: Of operations X Ray Exam confirmed

Of autopsy not done -

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 ____

23. Signature Lloyd B Clinton (M. D. or other) M.D.

Address Carthage - Mo. Date signed 1/29/40

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

RECEIVED
District Health Officer No. 6,
District File Number 240-468
Date Filed FEB 13 1940

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 O. E. McKinney
Licensed Embalmer No. 431 Arkan
P. O. Address Rogers Ark

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.