

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.

FILED MAY 15 1940

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

16352  
Do not use this space.

1. PLACE OF DEATH  
(a) County Texas Registration District No. 1027  
(b) Township Center Primary Registration District No. 6126 Registered No. ....  
(c) City ..... (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(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. da.

2. PRINT FULL NAME Mary Oley  
(a) Residence, No. 1415 1/2 B. B. 1 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Oley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 4 13

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Wright, Mo

FATHER  
13. NAME Tom Melton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER  
15. MAIDEN NAME Jane Rafferty  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Tom Oley

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stubbs DATE April 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber  
1415 1/2 B. B. 1

20. FILED Mar 31 1940 J. D. Osterman  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 - 1940 to Mar. 31 - 1940  
I last saw her alive on Mar. 30 - 1940. Death is said to have occurred on the date stated above, at 7 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis

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?  
If so, specify .....

(Signed) M. D.  
(Address) 1415 1/2 B. B. 1

782

**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.....

**RECEIVED** working under my personal supervision.

District Health Officer No. 5,

District File Number 540 522

Date Filed 5 10 40

Signed

*Russell Barber*

Licensed Embalmer No. 3848

P. O. Address Mt. Grove Pa

**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.**