

No. 2
10-39
17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43140

State File No. _____

JAN 20 1941

Registration District No. 533

Primary Registration District No. 5721

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Macon Co
(b) City or town Delaware
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Roundstone Junction
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JOHN WILLIAM OLIVER
(b) If veteran no (c) Social Security No. _____
name was _____ No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lizzie Oliver 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Sept 10 1925
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Milton Mo Sullivan Co
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Oliver

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Wiley Warren Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Oliver

(b) Address Clarence Mo R 2

17. (a) burial (b) Date thereof 12/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director William B Barkley
(b) Address Clarence Mo

19. (a) 12/10/40 (b) Clarence Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1940 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from June
12, 1940 to Dec 4, 1940
that I last saw him alive on Dec 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left hand Duration 4 yrs
Due to Injury in Corn Shredder 15 yrs
(Carcinoma developing in)
Due to the site of the scar
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: none 1/17
Of operations _____
Of autopsy _____
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? 4/16
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Mo Date signed Dec 6 1940

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

1719 1765
1767
1332

RECEIVED

District Health Officer No. 10

District File Number 1-4-130

Date Filed JAN 10 1941

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 *Henry A. Barkeley*

Licensed Embalmer No. *3835*

P. O. Address *Helena Mo.*

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.