

Registration District No. D3E

Primary Registration District No. 59A4

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: R. H. D. 3 - Huntsville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

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

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME LUCINDA OLIVER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Black

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

6. (b) Name of husband or wife Bud Oliver

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased Mar. 14 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 1 5 hr. 1 min.

9. Birthplace Randolph County 10
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Lewis Lesley

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

14. Maiden name Jane Crosby

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Pres Oliver

(b) Address Huntsville R.R. #3

17. (a) Jural (b) Date thereof Apr. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Place

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) Apr 15 1941 (b) G. T. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1941 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar 30 to Apr 9 that I last saw her alive on Apr 9 and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia following flu

Due to _____

Due to _____

Other conditions flu
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

23. Signature G. T. ... (Specify type of place) _____
While at work _____ (e) Means of injury _____

Address Jural Date signed 4/19/41

Duration 3/30/41

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-852

Date Filed MAY 8 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntwell, 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, fact should be so stated above.