

1941

STANDARD CERTIFICATE OF DEATH

State File No. 15843

Registration District No. 784

Primary Registration District No. 20

Registrar's No. 923

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town PASEDNA PARK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
930 COUNTRY CLUB DRIVE
(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

3. (a) PRINT FULL NAME MARY L. OLIVER

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife THOMAS J OLIVER
6. (c) Age of husband or wife if alive 4 years 1860 (Day) (Year)

7. Birth date of deceased JUNE 4 1860 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 26
If less than one day hr. min.

9. Birthplace LOGAN IOWA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ELEAZER EVANS

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

14. Maiden name LORENDA PECKENPAUGH

15. Birthplace LORENDA P IOWA (City, town, or county) (State or foreign country)

16. (a) Informant MRS ALBERT BURNS

(b) Address 930 COUNTRY CLUB DRIVE

17. (a) BURIAL (b) Date thereof MAY 1-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEOSHO - MISSOURI Shepard Funeral Home

18. (a) Signature of funeral director HAMILTON AVE

(b) Address 1167 HAMILTON AVE

19. (a) APR 30 1941 (b) Registrar's signature (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town PASEDNA PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 930 COUNTRY CLUB DRIVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30, 1941
year 8 hour 57 minute A. M.

21. I hereby certify that I attended the deceased from June 1940 to Sept 30 1941
that I last saw her alive on Sept 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach 9 Mo

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: 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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature H. L. Meador (M. D. or other) _____
Address 720 Central Ave Date signed 4/30/41

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

MOTHER FATHER

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.....

J. W. Dinkley

Licensed Embalmer No..... 3653

P. O. Address..... W. L. Linn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.