No. 2
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Dr. Rigney 25140

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941
318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25140

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 610

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED: 039
(a) State: Missouri (b) County: Greene 2
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 6
(d) Street No.: 301 Mt. Vernon Apt # 208 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Warner Lewis Olivier III (Howard Dunbar-Stage Name)
3. (b) If veteran, name war: Also S. S. no
3. (c) Social Security No. 491-03-3726

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced 2
6. (b) Name of husband or wife: Mrs Unknown Elizabeth G. Olivier
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: August (Month) unknown (Day) 1873 (Year)

8. AGE: Years 67 Months 11 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Staunton (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Librarian
11. Industry or business: Springfield Leader&Press
FATHER
12. Name: Warner Lewis Olivier II
13. Birthplace: Petersburg (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name: Martha Shatton
15. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Warner L. Olivier Records
(b) Address: Philadelphia, Pennsylvania
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Staunton, Virginia
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 7-28-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 8 minute 55 a. M.
21. I hereby certify that I attended the deceased from July 22, 1941, to July 25, 1941, that I last saw him alive on July 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction (Chr)	2 wks
cause of obstruction	
Due to: Unknown	
Due to:	
Other conditions: Alcoholism (Chr)	years

(Include pregnancy within 3 months of death)

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: L. M. Rigney (M. D. or other) M.D.
Address: 300 Holland Bldg Springfield, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

9
2
6

984

4

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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

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