

FILED OCT 15 1941
Registration District No. 836

Primary Registration District No. 6100

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 7 months, 16 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elk township 2 1/2 mi. N.E. LaVelle, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour ? minute ? M.
21. I hereby certify that I attended the deceased from July 11, 1941 to Sept. 12, 1941;
that I last saw her alive on Sept. 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Whooping cough Duration 5 days

Due to: _____
Due to: _____
Other conditions: Congenital Syphilis 4 1/2 mo.
(Include pregnancy within 9 months of death)

Major findings:
Of operations: _____
Of autopsy: 30 f
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) 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?
While at work? _____ (Specify type of place) _____ (e) Means of injury 0
23. Signature Herbert S. Miller (M. D. county) _____
Address Dexter Mo. Date signed 9-12-41

3. (a) PRINT FULL NAME Bertha Mae Oliver

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____ (Day) _____ (Year)

7. Birth date of deceased: April 29, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 16 If less than one day hr. _____ min. _____

9. Birthplace: Stoddard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: mil

11. Industry or business: mil

12. Name: Robert Oliver

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

14. Maiden name: Rosa Lee Travier

15. Birthplace: Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant: Rosa Lee Travier

(b) Address: Vicinity of LaVelle

17. (a) Burial (b) Date thereof: Sept 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Catton, Mo

18. (a) Signature of funeral director: W. O. Niswonger
(b) Address: Parma Mo.

19. (a) Sept 20-41 (b) Hanna Hopkins
(Date received local registrar) (Registrar's signature)

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

306

RECEIVED

District Health Office No. 2,

District File Number 1041-1412

Date Filed 10/13/41

125

A 75 WTC

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.....

Licensed Embalmer No.....

P. O. Address.....

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.