

FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11058

Registration District No. 447413

Primary Registration District No. 5559C

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City, Missouri
 (c) Name of hospital or institution: Webb City Hospital
 (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

John Raymond Oliver
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 12, 1941
 (Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Brongos, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Child

12. Name Overett Oliver
 13. Birthplace Centerville, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Beaver, Otter
 15. Birthplace Brongos, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Overett Oliver
 (b) Address R#1 Brongos
 17. (a) Burial (b) Date thereof Mar 20, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Heaven's Cemetery

18. (a) Signature of funeral director W. H. ...
 (b) Address Webb City, Mo
 19. (a) Mar 19, 1942 (b) Mrs. Lillie Lagh
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Brongos 049
 (If outside city or town limits, write "RURAL")
 (d) Street No. R#1 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
 year 1942 hour 12:45 minute AM M.

21. I hereby certify that I attended the deceased from Mar 18, 1942 to Mar 18, 1942
 that I last saw him alive on Mar 18, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia Fever ✓

Due to _____

Due to _____

Other conditions

(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) _____
 (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 _____

23. Signature Dr. W. S. Wendenbaker (M. D. or other)
 Address Webb City, Mo Date signed Mar 19, 1942

42-3-289

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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 My self

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3, 922

P. O. Address Webb City, 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, above space should be left blank.

Registration District No. 413

Primary Registration District No. 5559C

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

John P. Olivier

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 12 1948
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him/her alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to pneumonia fever
Due to Bronchial Pneumonia

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

Major findings:
Of operations _____

Of autopsy _____

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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?

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

23. Signature D. M. & Thendeball D.D.
Address St. Paul, Minn. U.S. City Date signed 5-6-42

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

SUPPLEMENTARY

S-11058 1942