

FILED DEC 22 1943  
Registration District No. 200

Primary Registration District No. 2729

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural - - Ten-Mile Twnshp  
(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 Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Rural, Ten-Mile Twnshp  
(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 Frank Wm. Oliver

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Sidney Oliver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 27, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 6 17 hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Wm. Oliver

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

14. Maiden name Lizzie Fitzsimmons

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

16. (a) Informant Mrs. John Oliver

(b) Address Clarence, Mo.

17. (a) Burial (b) Date thereof Aug. 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ten-Mile Bethel

18. (a) Signature of funeral director E. E. Hopper

(b) Address Clarence, Mo.

19. (a) 12/18/43 (b) Lora B. Hunkler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1943 hour 9 minute 00 p. M.

21. I hereby certify that I attended the deceased from June 1943 to Aug 24 1943  
that I last saw him alive on Aug 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericious Anemia 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 730  
(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 L. L. Simpson (M. D. or other) DO  
Address Shelburne, Mo. Date \_\_\_\_\_

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

0512 2-2-1943

**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..... *James E. Dwyer*

Licensed Embalmer No. *4760*

P. O. Address..... *Claremont, 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.