

FILED NOV 10 1944  
 Registration District No. 284

Primary Registration District No. 5811

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Montgomery  
 (b) City or town RURAL Montgomery Twp  
 (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) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community life  
 years, months or days)

3. (a) PRINT FULL NAME Stephen L. Oliver

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 Married  
 6. (b) Name of husband or wife Augusta Oliver 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Mar 3 rd 1878  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Near Montgomery City Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER, FATHER { 12. Name John Oliver  
 13. Birthplace Montgomery City Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Artusa Penn  
 15. Birthplace Montgomery Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Steve Oliver  
 (b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 10-26-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery C Cemete

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 10/26/44 (b) Ms C E Vandave  
 (Date received local certifier) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
 (c) City or town RURAL 3 miles West  
 (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 Oct day 24  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 5  
 1944 to Oct 24 1944  
 that I last saw him alive on Oct 24 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
acute dilatation of 1 hour  
ventricle of heart  
acute myocarditis 2 hrs.  
arterio-sclerosis Unknown

Other conditions (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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature James O. Nelson (M. D. or other) \_\_\_\_\_  
 Address New Florence Mo. Date signed 10-23-44

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

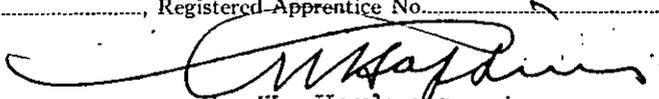
Date Filed..... 11-8-44

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..... on the 24 th  
day of Oct 1944

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....   
C. W. Hopkins

Licensed Embalmer No..... 1487

P. O. Address..... Montgomery City 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.**