. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35043

Registration District No. FILED NOV 14 1944 279

Primary Registration District No. 4415

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Clarksville
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 22

(c) City or town Clarksville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert Roy Oliver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 29 (Day) 1911 (Year)

8. AGE: Years 33 Months 3 Days 00 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Labor

FATHER
12. Name Samuel Oliver
13. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Emma L Higgin
15. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Emma L Oliver
(b) Address Clarksville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 31. 44. (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director J. L. Brown
(b) Address Clarksville Mo

19. (a) Oct 31 1944 (Date received local registrar) (b) Maude M. Patton (Registrar's signature)

1364

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29, 1944
year 1944 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from off & on October 29, 1943 to Oct 29, 1944
that I last saw him alive on October 29, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death hemorrhage from lungs & exhaustion	2 days
Due to tuberculosis of lungs	1 year
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E M Bartlett (M. D. or other)
Address Clarksville Mo Date signed 10/30/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1910
Date Filed NOV 10 1944

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. ~~2648~~ working under my personal supervision.

Signed G H Brown

Licensed Embalmer No. 2648

P. O. Address [redacted]

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.