S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1945

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3111

Primary Registration District No. 4416

Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Platte City, Missouri
(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 years, months or days)
In this community: lifetime /

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte 83
(c) City or town: Platte City, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Olive Olvis
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female /
5. Color or race: white
6. (a) Single, widowed, married, divorced: married /
6. (b) Name of husband or wife: Henry Samuel Olv is
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 2 (Month) 1875 (Day) (Year)

8. AGE: Years 69 Months 2 Days 10 If less than one day hr. min.

9. Birthplace: Bucanan Co. (City, town, or county) Missouri / (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: housewife
FATHER
12. Name: William Abbott
13. Birthplace: Virginia / (State or foreign country)
MOTHER
14. Maiden name: Rachel Vestal
15. Birthplace: Bucanan Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Dr. H. W. Cline
(b) Address: Platte City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Wallace, Missouri
18. (a) Signature of funeral director: Rallins & Mitchell
(b) Address: Platte City, Missouri
19. (a) 1-12-45 (Date received local registrar) (b) Mrs Clay Huffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1945 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from September 10, 1943, to January 11, 1945, that I last saw h. alive on January 10, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Auricular Fibrillation	4 yrs
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: Edward H. Cline (M. D. or other) M.D.
Address: Platte City, Mo Date signed 1/19/45

1209 (Licensed Embalmer's Statement on Reverse Side)

JUL 5 1957

District Health Officer No. Platte Co Health U
District File Number 2-45-13
Date Filed 2-1-45

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 Frances M. Giffee, Registered Apprentice No. 361, working under my personal supervision.

Signed Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.