

S. No. 2
OM-5-43
v. 5-17-39
P. 1 X36671

FILED MAY 9 1945
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 809 Pacific St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 809 Pacific St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Oliver

3. (b) If veteran, name war no

3. (c) Social Security No. 496-10-7619

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 - 45
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-27-44
_____ 19____ to 4/14/45 19____;
that I last saw her alive on 4/14/45 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Ukata Oliver

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug 12 1886
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis

Due to Acute myocarditis

Due to Chronic

Other conditions no no
(Include pregnancy within 3 months of death)

8. AGE: Years 59 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Kansas city Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Oliver

13. Birthplace Jackson Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wright

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

Major findings: MI

Of operations _____

Of autopsy no

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

16. (a) Informant Mrs Ukata Oliver

(b) Address 809 Pacific

17. (a) Burial (Burial, cremation, or removal) Date thereof 4-18-45
(Month) (Day) (Year)

(c) Place: burial or cremation Highlands Cem

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E 18 st

19. (a) 4-17-45 (Date received local registrar)

(b) Seraldine Holme (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (2) Means of injury _____

23. Signature Oliver B. K... (M. D. or other) 4/16/45
Address 1006-16-18 St Date signed _____

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.....

H. B. Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th St*

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.