. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16866

Registration District No. 120 — Primary Registration District No. 4198 — Registrar's No. 34

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town King City Mo.
(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 DONALD BURNS OLIVER
3. (b) If veteran, name war World War I
3. (c) Social Security No. 497-12-1618
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harriet Jean Oliver
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan. 25, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	2	21	hr. min.

9. Birthplace Topeka (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Banker
11. Industry or business .....
FATHER
12. Name Fred Oliver
13. Birthplace Galshield (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Gertrude Walker
15. Birthplace Ellis County (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Harriet Jean Oliver
(b) Address King City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation King City, Mo
18. (a) Signature of funeral director Lucille M. Wilson
(b) Address King City, Mo.
19. (a) April 20-1945 (Date received local registrar) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day ~~April~~ 15 year 1945 hour 1 minute 15 a.m.
21. I hereby certify that I attended the deceased from Feb, 1945, to Apr 15, 1945 that I last saw him alive on Apr 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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 0
23. Signature E. M. Reynolds (M. D. ~~or other~~)
Address Union Star Mo Date signed 4-16-45

1945 1168

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

MAY 28 1945

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King 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.