

S. No. 2
M-8-43
v. 5-17-39
P. 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20732

State File No. _____

Registrar's No. 87

FILED JUL 13 1945
Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Chillicothe Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
Life (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Lena Pearl Oliver
 3. (b) If veteran, name war XX
 3. (c) Social Security No. XX

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Virgil Oliver
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 8, 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 5 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name Thomas Jefferson Hoge

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

14. Maiden name Clara Jane Lyon

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

16. (a) Informant Jane T. Oliver

(b) Address Chillicothe, Missouri

17. (a) Removal (b) Date thereof 6/15/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado

18. (a) Signature of funeral director Ronald F. Gordon
Chillicothe, Missouri

(b) Address _____

19. (a) June 14 (b) L. O. E. H. C. 27-27
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
Chillicothe
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 347 Calhoun St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
 year 1945 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from June 10, 1945 to June 13, 1945
 that I last saw her alive on June 12, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death acute pancreatitis
chronic cholecystitis
 Due to _____
 Duration 3 days

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: XXX
 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? 1945 (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 R. B. Garrison (M. D. or other)
 Address Chillicothe, Mo Date signed 6/15/45

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(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1948

OCT 14 1948

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.

District Health Officer No. 11,

District File Number.....

Date Filed.....

Signed *Ronald F. Jordan*

Licensed Embalmer No. *4191*

P.O. Address *Chillicothe, 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.