

S. No. 2
M-8-43
V. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24479

State File No. _____

FILED AUG 14 1945
210

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton
(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 All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town Princeton /
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Leta Josephine Oliver

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tom Oliver 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 2 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 21
_____, 1945, to July 18, 1945;
that I last saw her alive on July 18, 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>16</u>	hr. min.

Immediate cause of death Carcinomatous 2 years
Due to Carcinoma of Stomach
Due to _____

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Other conditions Cardiac Failure 1 month
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Rufus Beverage

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Prichard

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

Major findings:
Of operations None
Of autopsy Not done

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

16. (a) Informant Tom Oliver
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 7-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 7-19-45 (b) Loan Martin
(Date received local registrar) (Registrar's signature)

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? _____ Means of injury 0

23. Signature W. M. Lambert (M. D. or other) _____
Address Princeton, Mo. Date signed 7/19/45

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

1367

(Licensed Embalmer's Statement on Reverse Side)

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. Ivan Martin

Licensed Embalmer No.

3260

P. O. Address.....

Cambridge, MA

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.