

FILED AUG 14 1947
Registration District No. **1**

Primary Registration District No. **3023**

Registrar's No. **171**

1. PLACE OF DEATH:

(a) County **Henry co**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Henry** **42**

(c) City or town **Clinton mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **327 North Washington** **2**
(If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **W^m WESLEY OLIPHANT**

3. (b) If veteran, name war _____

3. (c) Social Security No. **494-22-2025**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5**
year **1947** hour **15** minute **AM** M.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Ruby Oliphant**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **SEPT 29 1896**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 19 1947** to **July 30 1947**
that I last saw him alive on **July 30 1947**
and that death occurred on the date and hour stated above.

Duration _____

8. AGE:

Years	Months	Days	If less than one day
51	10	19	hr. _____ min. _____

Immediate cause of death **Chronic nephritis** **Erys.**

Due to **labar pneumonia** **1 wh.**

Due to _____

9. Birthplace **URICH mo Henry co**
(City, town, or county) (State or foreign country)

10. Usual occupation **Peper Hanger**

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

Major findings: _____

Of operations _____

Of autopsy **108**

MOTHER FATHER

11. Industry or business _____

12. Name **Wm Oscar Oliphant**

13. Birthplace **Urich mo Henry co**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie Middaugh**

15. Birthplace **Sathope mo**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs Ira Bledsoe**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **8-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

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 _____

18. (a) Signature of funeral director **Conrad Beck**

(b) Address **Clinton mo**

19. (a) **8-6-47** (b) **Wm R Remy**
(Date received local registrar) (Registrar's signature)

23. Signature **Chas J Powell**

Address **Clinton mo** Date signed **8/5/47**

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

2
1
2

RECEIVED
District Health Officer No. 7,
7-47-959
District File Number 8-13-47
Date Filed

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 J. E. Consalve
Licensed Embalmer No. 1891
P. O. Address Clinton 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.