V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27866

FILED AUG 19 1947

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 3405

WRITE PLAINLY—USING 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 General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3940 Jackson 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William W. OLIVER
3. (b) If veteran, name war World War II
3. (c) Social Security No. 490-16-9481
4. Sex Male()
5. Color or race White
6. (a) Single, widowed, married, divorced Married/
6. (b) Name of husband or wife Vivian Oliver
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased November (Month) 14, (Day) 1919 (Year)

8. AGE: Years 27 Months 8 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Quindaro, (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation Fireman
11. Industry or business Kansas City Fire Dept.
FATHER
12. Name Walter Lewis Oliver
13. Birthplace ---- (City, town, or county) Iowa / (State or foreign country)
MOTHER
14. Maiden name Maude May Tucker
15. Birthplace ---- (City, town, or county) Arkansas / (State or foreign country)
16. (a) Informant Mrs. Vivian Oliver
(b) Address 3940 Jackson, K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.
19. (a) 8-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1947 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of left upper femur
Multiple fractures of pelvis
Due to Retro-peritoneal hemorrhage
Ruptured spleen
Due to uraemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 17 Dt 3-4

Of autopsy yes as above

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 7-29-47 123
(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? yes (e) Means of injury auto + street car

23. Signature James Walker (M. D. ~~or other~~) Coro 3
Address 1427 my pkwy Date signed 8-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1992

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.