No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Wurst

State File No. 4545

FILED MAR 1 1948

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 136

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1437 Sherman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 34 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1437 Sherman 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Oliver J. Page
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linnie S. Page
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 2 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
80	6	10	hr. min.

9. Birthplace Olney (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Attorney
11. Industry or business
FATHER
12. Name Oliver J Page
13. Birthplace Canada 2 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Long
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Linnie Page
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 2-16-48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 11 minute 30a. M.

21. I hereby certify that I attended the deceased from August 31, 1946 to Feb 12, 1948
that I last saw him alive on Feb 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	36 hrs
Due to Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93D	

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)
(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) 21
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]
Address 321 Woodruff Bldg Date signed 2-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 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. XXXXXXXXXXXXXXX working under my personal supervision.

Signed Roy H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.