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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28949

FILED SEP 20 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 980

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2302 South 19, Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2302 South 19th Str.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie Oliver

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John B.

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

7. Birth date of deceased October (Unk.) 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days Unk. If less than one day hr. min.

9. Birthplace Chester Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Thomas Dunn
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Hart
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Allen L. Hearst
(b) Address 5638 Locust Str Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/1948
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union Str. St. Joseph

19. (a) 9-17-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year 1948 hour 9 minute 30 A M.

21. I hereby certify that I ~~attended~~ Viewed the deceased from Sept 15th, 1948, 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 Mitral Insufficiency — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury

23. Signature B. W. Tadlock Coroner (M. D.)
Address KING HILL BLDG. St Joseph, Mo Date signed 9/15/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 22 1948

JAN 3 1949

US

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.....Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address.....St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.