

10-47
-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36083

State File No. _____

FILED NOV 17 1948

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days (Specify whether _____)

3: (a) PRINT FULL NAME Sarah Caroline 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 Alvin Oliver

6: (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 17 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 10

If less than one day _____ hr. _____ min.

9. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Myers D

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Willie Hale

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

16: (a) Informant Alvin Oliver

(b) Address Campbell, Mo

17: (a) Burial (b) Date thereof 10-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elder Cemetery

18: (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Mo

19: (a) 11-8-48 (b) Mrs Beulah Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Campbell
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1948 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 6 1948 to Oct 27 1948

that I last saw her alive on Oct 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic Carcinoma of right Breast

Duration 14 1/2

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of right Breast

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury? _____

23. Signature Wallace A Selsay (M. D. or other) md

Address Campbell Mo Date signed 11/29/48

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 1148-15
Date Filed 11-15-48

NOV 17 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.....
working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.