

1939 AUG 18

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26527
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 678
 (b) Township 1 Primary Registration District No. 4404
 (c) City St James (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Ross L Olney
 (a) Residence, No. 450 Ross L Olney St. St James Mo (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rola S Olney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1862
 7. AGE YEARS 76 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 6-23-1939 11. Total time (years) spent in this occupation 50 yr.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska
 13. NAME Martin V Olney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska
 15. MAIDEN NAME Ediza Stuart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska
 17. INFORMANT (ADDRESS) Merling Olney
St James Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Madame C DATE 6-26 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W E Ricklider
St James Mo
 20. FILED 8-1- 1939 Elsie B. House Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 1939, to June 25 1939
 I last saw him alive on June 24 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombus Date of onset 6-24-39
Myocarditis 9-6-39
 Other contributory causes of importance:
Myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Electro Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. E. Ricklider M. D.
 (Address) St James, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 8 39 24

Date Filed 8-10-39

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Orval E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James M.

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, above space should be left blank.