

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4820

JAN 13 1940

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:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4241 Bell  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19  
 year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Dec. 13  
 \_\_\_\_\_, 1939, to Dec. 19, 1939  
 that I last saw him alive on Dec. 19, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Right basal skull fracture with  
subarachnoid hemorrhage  
with myelomalacia  
 Due to of fall  
Fall down stairs at home  
 Duration 1 week

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations None  
 Of autopsy State of above  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Della Olson 425

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, widowed

6. (b) Name of husband or wife Nelson B. Olson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 10, 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Peoria Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_ Mattson

13. Birthplace \_\_\_\_\_ Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace \_\_\_\_\_ Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. Vernon Olson

(b) Address 4314 Eaton--K.C.K.

17. (a) burial (b) Date thereof 12-22-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) Dec. 20, 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental  
 (b) Date of occurrence Dec. 13, 1939  
 (c) Where did injury occur? Kansas City, Jackson Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home (Specify type of place) Feldman  
 If at work: no (e) Means of injury Slip  
 23. Signature Ernest H. Ferguson (M. D. or other) \_\_\_\_\_  
 Address 933 Perry Blvd Date signed 12-21-39

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.

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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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815 9th St

**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.**