

**FILED FEB 17 1941**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2844**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **20**

18  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether

In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Nellie Myrtle Olinger

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert W Olinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 14 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Deymore Hard  
13. Birthplace Patterson Ill.  
(City, town or county) (State or foreign country)  
14. Maiden name Mary Hull  
15. Birthplace Neha Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W Olinger

(b) Address 408 So Grand Indep. Mo.

17. (a) Burial (b) Date thereof Jan 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ingued Home

18. (a) Signature of funeral director Leats & Speals.

(b) Address Independence, Mo.

19. (a) Jan. 16. 41 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 So. Grand Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1941 hour 11 minute 13 P.M.

21. I hereby certify that I attended the deceased from Jan 13  
1941, to Jan 14, 1941  
that I last saw him alive on Jan 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Tracheal Abscess  
Bacterial Pneumonia  
Due to Influenza 1941  
Due to \_\_\_\_\_

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Refused tracheal Abscess  
Chronic nephritis & Bacterial pneumonia

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?

360  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Stanley H. Brown (M. D. or other) A  
Address Independence Date signed 1-15-41

Duration  
4 days  
3 w.  
2 wks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *R.R. Sparks* .....

Licensed Embalmer No. *3604* .....

P. O. Address *Harp, New* .....

**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.**