

S. No. 2  
M-5-42  
7-5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

23544

FILED AUG 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3024

48  
893  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 309 Garfield /  
(d) Length of stay: In hospital or institution 25 years  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 309 Garfield 8  
(e) Citizen of foreign country? (Yes or No) 1

3. (a) PRINT FULL NAME Robert L. Olive  
3. (b) If veteran, name war. no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 8th  
year 1942 hour 11 minute 45 P.M.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, unknown  
6. (c) Age of husband or wife if alive. unknown years  
7. Birth date of deceased. unknown

21. I hereby certify that Crown attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months Days If less than one day

Immediate cause of death. Arteriosclerotic heart disease

9. Birthplace \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_

Of operations \_\_\_\_\_  
Of autopsy Respiration and history

16. (a) Informant Crown's office  
(b) Address 15-cc mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-12-42  
(c) Place: burial or cremation Floral Hills

(c) Where did injury occur? \_\_\_\_\_  
(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 \_\_\_\_\_

18. (a) Signature of funeral director Jessie Funeral Home  
(b) Address 3146 Main St  
19. (a) 8-11-42 (b) M. M. Crown

23. Signature M. M. Crown (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/10/42

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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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 15 E. 2nd

**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.**