S. No. 2
—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5923

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 21 hrs (Specify whether

In this community / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 18

(c) City or town Van Buren (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country /

3. (a) PRINT FULL NAME Leroy Bernard Olsman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Frances Olsman

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct. 24 1908 (Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 5 If less than one day hr. min.

9. Birthplace North Muskegon / Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business —

FATHER
12. Name Eric Olsman
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Claudia Porter
15. Birthplace N. Muskegon, Michigan / (City, town, or county) (State or foreign country)

16. (a) Informant Earl E. Olsman

(b) Address Van Buren, Mo.

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

(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Phil A Luebel

(b) Address Van Buren Mo.

19. (a) 2-22-43 (Date received local registrar) (b) Belle Linne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6:30 pm Feb. 18, 1943, to Feb. 19, 1943 that I last saw him alive on Feb. 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Perforated peptic ulcer	
Due to ulcerated stomach	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Perforation stomach & generalized peritonitis

Of autopsy Wind

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. M. Henrichson (M. D. or other)

Address Poplar Bluff Mo. Date signed

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243 ~~[illegible]~~ 2
Date Filed 8-8-43

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~~ 2-19-43
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Philip A Fenchel
Licensed Embalmer No. 2936
P. O. Address Van Buren Ind.

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.