

20541

S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2790**

LED JUL 8 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
Research Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

In this community **as above**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**

(c) City or town **Warrensburg,**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mr. Mannie Olson,**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Susie Olson**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **January 27 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	21	hr. _____ min.

9. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Famer**

11. Industry or business **X**

12. Name **Thor Olson,**

13. Birthplace **Norway**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jacobson,**

15. Birthplace **Norway**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Susie Olson,**

(b) Address **Warrensburg, Missouri,**

17. (a) removal **(b) Date thereof** **6-19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrensburg, Missouri**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 6-21-43 **(b) J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**
year **1943** hour **4:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 10th 1943** to **6-18 1943**
that I last saw him alive on **June 18 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Perforated gastric ulcer**

Due to **Genit peritonitis**

Other conditions **117a2**
(Include pregnancy within 3 months of death)

Major findings: **no**

Of operations _____

Of autopsy **yes but not complete**

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature **J. E. Brown** (M. D. or other)

Address **Prophet Bluff** Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. J. S. Montgomery

7-6-16-14

Proff. Bldg.

2130

JUN 27 1981

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.....

Licensed Embalmer No. 1415

P. O. Address P.O. 5118

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.