

SEP 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
In this community 4 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS HELEN OLSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife L.J. Olson 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May 25, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name James McGreevy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Rose O'Neill
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Caffrey
(b) Address 6105 Rockhill Road

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fort Dodge, Iowa.

18. (a) Signature of funeral director Thomas E. Quirk
(b) Address 4316 Troost Ave.

19. (a) P-24-43 (Date received local registrar) (b) T.C. Brown (Registrar's signature) Dep.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6105 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1943 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from 1938 to Aug 21, 1943
that I last saw her alive on Aug 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (heart failure) Duration

Due to Old rheumatic fever

Due to arteriosclerosis

Other conditions Spaentapendicitis
(Include pregnancy within 3 months of death)

Major findings: Of operations not operated PHYSICIAN
Of autopsy yes 598
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)
(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) (e) Means of injury

23. Signature Joseph G. Gentry M. D. or other
Address 203 Webster Blvd Date signed Aug 21, 1943

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

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..... *Thomas P. Zwick*
Licensed Embalmer No..... *37757*
P. O. Address..... *N. S. Hill*

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.