

S. No. 2
M-2-43
5-17-39
1 x359

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31869**

ED OCT 13 1943

Registration District No. **356**

Primary Registration District No. **2001**

Registrar's No. **538**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Jasper**

(c) Name of hospital or institution: **Galena Township**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: **35 years** In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **Rt. 3** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Corrie Forest Olds**

3. (b) If veteran, name war **1**

3. (c) Social Security No. **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21st** year **1943** hour **3:30** minute **P.** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Margue Olds**

6. (c) Age of husband or wife if alive **54** years

7. Birth, date of deceased **Feb 16 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **19** to **19** that I last saw **Did not see him alive** and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **7** Days **15** If less than one day hr. min.

Immediate cause of death **Coronary occlusion**

Due to _____

Due to _____

9. Birthplace **Van Buren Arkansas**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94a**

10. Usual occupation **Laborer**

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **Lewis Olds**

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

14. Maiden name **Unknown**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Margue Olds**

(b) Address **Jasper Mo**

17. (a) **Burial** (b) Date thereof **23 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galena, Mo**

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? _____

18. (a) Signature of funeral director **Walt City and Co**

(b) Address **Walt City, Mo**

19. (a) **9-22-43** (b) **Arthur D. Sudholter**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury **Coronary**

23. Signature **A. H. Hester** (M. D. or D.V.M.)

Address **Carthage, Mo** Date **Sept 20 1943**

1204

143

43-9-816

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 Myself,
....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4204
P. O. Address Webb City, Mo.

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.