

No. 2
-2-
5-17-43
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34277

State File No.

Registrar's No. 330

Registration District No. 43

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution one week
50 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Hiway 60 East (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John William Oelson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1943 hour 4:00 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 Dosha Jane Oelson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 7th, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 11, 1943 to Oct. 17, 1943
that I last saw him alive on Oct. 17, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Apoplexy (Hemiplegia)

Due to _____

Due to _____

9. Birthplace St. Francois County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Fireman

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

11. Industry or business Missouri Pacific

12. Name Peter Oelson

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

14. Maiden name Betty Germany

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant William Oelson

(b) Address 604 Kinzer St.

17. (a) Burial (b) Date thereof Oct. 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Poplar Bluff

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff Missouri

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 _____

19. (a) 10/25/43 (b) Bellevue
(Date received local registrar) (Signature of registrar)

23. Signature J. P. Crawford (M. D. or other) _____
Address Essex Mo. Date signed 11-19-43

JAN 22 1947

RECEIVED

District Health Office No. 2,

District File Number 1143-1391

Date Filed 11-3-43

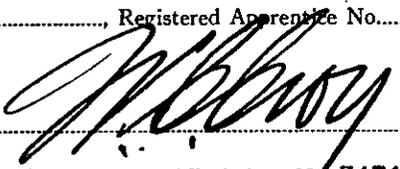
OCT 26 1949

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....


Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.