

FILED DEC 3 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:  
3427 Jefferson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...  
In this community... 82 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson <sup>48</sup>

(c) City or town... Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No... 3427 Jefferson <sup>8</sup>  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME MISS MARGARET OLDEN

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... Single

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

7. Birth date of deceased... September 1, 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>19</u>	hr. min.

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

10. Usual occupation... Housewife

11. Industry or business...

MOTHER FATHER

12. Name... William Olden

13. Birthplace... Stanton W. Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name... Mary Donovan

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

16. (a) Informant... William Olden

(b) Address... 3427 Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 11/23/1943  
(Month) (Day) (Year)

(c) Place: burial or cremation... St. Mary's Cemetery

18. (a) Signature of funeral director... Quirk and O'Brien Co.

(b) Address... 20 West Linwood, K.C., Mo.

19. (a) 11-23-43 (b) D. C. Brown  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th year 1943 hour... minute... M.

21. I hereby certify that I attended the deceased from Nov 14 to Nov 20 1943 that I last saw her alive on Nov 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial chronic (old age)

Due to... Due to... 932

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

Major findings: Of operations... Of autopsy... No

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)...

(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... 1

23. Signature... J. J. Hammond (M. D. or other) Address... 200 P. O. Bldg Date signed 11/23/43

SEP 6 1945

**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 *J. Jackson Lee*.....

Licensed Embalmer No. *2810*.....

P. O. Address *N. E. 2nd*.....

**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.**