

S. No. 2
DM-5-42
5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38965**
Registrar's No. **201**

FILED NOV 18 1943
Registration District No. **294**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH

(a) County **Randolph**

(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **218 S. Williams**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **63 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **218 S. Williams**
(If rural, give location)

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

If yes, name country **no**

3. (a) PRINT FULL NAME **ANNA CHRISTINE OLSEN**

3. (b) If veteran, name war **none**

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 **John P. Olson**

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

7. Birth date of deceased **Nov-20-1858**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	5	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Anderson**

12. Name **Anderson**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Chester Johnson**

(b) Address **218 S. Williams Moberly MO**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Sept-27-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Moberly MO**

18. (a) Signature of funeral director **new Funeral Home**

(b) Address **Moberly MO**

19. (a) **10-4-43**
(Date received local registrar)

(b) **Irma Nave**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25th** year **1943** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Sept 1** 19 **43** to **Sept 25** 19 **43**

that I last saw her alive on **Sept 25** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration months

Due to **Bad cardiac pain a year ago**

Due to **46 f**

Other conditions **46 f**
(Include pregnancy within 3 months of death)

Major findings: **46 f**

Of operations

Of autopsy

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?

23. Signature **A. L. McCormick** (M. D. or other M.D.)

Address **Moberly mo** Date signed **8-27-43**

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number

11-43-1865

NOV 6 1943

Date Filed

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.