

FILED MAR 7 1945
194

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 875

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4911 E. 24 St.
(If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Sweden

3. (a) PRINT FULL NAME

Louis Olson

3. (b) If veteran,

no

3. (c) Social Security

No. no

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

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

7. Birth date of deceased AUG 24th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Retired Grocery

11. Industry or business

MOTHER FATHER

12. Name Olaf Olson
 13. Birthplace Sweden
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Olson
 (b) Address 2438 Quincy Ave

17. (a) Burial (b) Date thereof Feb 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Missouri

19. (a) 2-22-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
 year 1945 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from February 9, 1945, to February 21, 1945
 that I last saw him alive on February 21, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy None
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) Manner of injury _____

23. Signature Clark W. Seely
(M.D. or other)
 Address Med. Dir. Gen'l Hosp Date signed 2-21-45

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Jimmewood

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.