V. S. No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24570

FILED AUG 14 1945

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Elmo -rural-
(If outside city or town limits, write "RURAL")

(d) Street No. 3¾ miles N.E.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME May Annette Carolyn Olson

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Einar Emanuel Olson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May 1, 1902 (Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Peter Nelson
13. Birthplace Un Tennn (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Matilda Swanson
15. Birthplace Un Tennn (City, town, or county) Sweden 11 (State or foreign country)

16. (a) Informant Einar Emanuel Olson

(b) Address Elmo Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation College Springs Cemetery

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

(b) Address Maryville Mo.

19. (a) 7-18-45 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1945 to July 16 1945 that I last saw her alive on July 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Shower of Pulmonary Embolic and Acute Anemia

Due to Premature Separation of Placenta

Due to Placenta Previa

Other conditions 8½ Months pregnant
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. R. Jackson (M. D. or other)

Address Maryville, Mo. Date signed 7-16

1349

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.