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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37612

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carl Junction, RI.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Twin Grove Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Lifetime 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carl Junction RI 0
(If outside city or town limits, write "RURAL")
(d) Street No. ½ mi East Carl Junction
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Fred Oscar Olson

3. (b) If veteran, name war

3. (c) Social Security No. 492-28-2913

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mabel Bryan Olson

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 12 (Month) 25 (Day) 1898 (Year)

8. AGE: Years 46 Months 10 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Carl Junction RI (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Andrew Olson
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name The Perry
15. Birthplace (City, town, or county) unknown! (State or foreign country)

16. (a) Informant Mabel Olson
(b) Address Carl Junction, Mo RI.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Roney Funeral Service
(b) Address Carl Junction Mo

19. (a) 11-13-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

1640

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1945 hour 7 10 minute A. M.

21. I hereby certify that I attended the deceased from 6.55 a.m. Nov 11 1945 to a.m. Nov. 11, 1945 that I last saw him alive on Nov 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris — Duration 8 hrs

Due to Hypertension

Due to

Other conditions Cerebral Hemorrhage 4 yrs ago
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 940

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 O. L. Alberty (M. D. or other)
Address Carl Junction, Mo Date signed Nov 12 1945

(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 F. M. Jones

Licensed Embalmer No. L 3 1 9

P. O. Address Joplin 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.