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X36671

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

14975

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1946

State File No. 16083

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Municipal Air Port 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Oklahoma 999

(c) City or town Oklahoma City 34
(If outside city or town limits, write "RURAL")

(d) Street No. 2724 N.W. 16th St 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country XXXX

3. (a) PRINT FULL NAME John Harold Leslie Olson

3. (b) If veteran, name war No.

3. (c) Social Security No. 440-07-5170

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Mae Olson

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1901 (Year)

8. AGE: Years 45 Months 2 Days 20 If less than one day XX hr. XX min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Engineer

11. Industry or business Black Svalls Bryson Co.

FATHER
12. Name John Olson
13. Birthplace XXX (City, town, or county) Swden (State or foreign country) 4

MOTHER
14. Maiden name Ingrid Olson
15. Birthplace (City, town, or county) Sweden (State or foreign country) 4

16. (a) Informant Authar Olson
(b) Address 1004 Baltimore Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 3. (Day) 1946 (Year)
(c) Place: burial or cremation McOakhill Cem Chicago Ill

18. (a) Signature of funeral director Morton-Smithley
(b) Address North Kansas City

19. (a) 5-3-46 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1946 hour 1.50 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw alive on ....., 19.... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Coronary Case

Due to Coronary Case

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) Coronary Thrombosis

(b) Date of occurrence May 3rd 1946

(c) Where did injury occur? Municipal Air Port (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Crocker (M. D. or other) Coroner

Address Excelsior Springs Mo. Date signed 4-5-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
istrict File Number
Date Filed 6-12-43

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 Thera D Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.

No. 2B
-3-45
X43880

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. June

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Clay Rural
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: municipal air Port (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Passing Thru on Plane
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County Okla.
(c) City or town Oklahoma city (If outside city or town limits, write "RURAL")
(d) Street No. 2724 N.W. 18th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. L. Olson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased Feb 13 1890 (Month) (Day) (Year)
8. AGE: Years 45 Months 2 Days 23 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Engineer
11. Industry or business Staff Walla Byron
FATHER 12. Name John Olson
13. Birthplace (City, town, or county) Sweden (State or foreign country)
MOTHER 14. Maiden name Ingrid Olson
15. Birthplace (City, town, or county) Sweden (State or foreign country)
16. (a) Informant Arthur Olson
(b) Address 1004 Baltimore Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cem. / Chicago
18. (a) Signature of funeral director Morton - Smith
(b) Address Okla City
19. (a) May 3rd 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 3 year 1946 hour 1:50 A.M. minute
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (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 R. W. Prather coroner (M. D. or other)
Address Excelsior Springs Date signed 4-5-46

SUPPLEMENTARY

16083