

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41365

State File No. _____

Registration District No. 208

Primary Registration District No. 5764

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Monroe City Route 4
(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) 48 Years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Monroe City Route 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LILLY MAY OLSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William A.

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

7. Birth date of deceased DECEMBER 25 1871
(Month) (Day)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>II</u>	<u>I3</u>	hr. _____ min. _____

9. Birthplace Prairie Du Chien Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____

12. Name Lewis Jackson

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

14. Maiden name Susan Jackson

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

16. (a) Informant Dessie Olson

(b) Address Macon Mo

17. (a) Burial (b) Date thereof 12/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City Mo

19. (a) 12-23-46 (b) Viola Lee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 18, 1945, to Dec 12, 1946;
that I last saw her alive on Dec 12, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Duration unknown

Due to _____

Due to _____

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

Major findings:
Of operations 92 B

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature C. E. Shaver (M. D. or other) MD
Address Philadelphia, Mo Date signed 12/24/46

187 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1948

JAN 20 1947

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 2014

P. O. Address Monroe City 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.