

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 28 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1785

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: LUCE PACKWOOD COMPANY
1026 MAIN STREET 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 LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON

(c) City or town KANSAS CITY Rural 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2616 WEST 49TH STREET 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EUGENE A OLSON

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

3. (c) Social Security No. 494-16-5223

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18th
year 1947 hour 4 minute 10 P. M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARY EVELYN OLSON

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

7. Birth date of deceased MAY 2 1918
(Month) (Day) (Year)

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

Immediate cause of death Deputy Coroner Acute Coronary Insufficiency Duration

8. AGE: Years 28 Months 11 Days 16 If less than one day _____ hr. _____ min.

Due to Coronary Sclerosis

Due to _____

9. Birthplace KANSAS CITY, MISSOURI (City, town, or county) (State or foreign country)

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

10. Usual occupation ASSISTANT MANAGER

11. Industry or business LUCE-PACKWOOD TRUCK CO

Major findings: 1 Of operations _____

MOTHER FATHER

12. Name BERT OLSON

13. Birthplace HANLEY FALLS, MINNESOTA (City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE MOSS

15. Birthplace GLEN ELDER KANSAS (City, town, or county) (State or foreign country)

Physician _____

Underline the cause to which death should be charged statistically.

Of autopsy See Above

16. (a) Informant MRS MARY EVELYN OLSON

(b) Address 2616 WEST 49TH ST. K.C. KANSAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 21 1947 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

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? _____

18. (a) Signature of funeral director W.N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-19-47 (Date received local registrar) (b) A. E. Upsher (Registrar's signature)

While at work A.E. Upsher (Specify type and place of injury)

23. Signature _____ (M. D. or other) MS

Address 2800 Main St Date signed April 19 1947

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..... *D. D. Noflinger*.....
Licensed Embalmer No. *3938*.....
P. O. Address *Panama City, Fla.*.....

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.