

FILED NOV 29 1947

Registration District No. 149

Primary Registration District No. 1002

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

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: 3660 Summit Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
(Specify whether

In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 436 East 74th Street,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Oliver P. Olson

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

3. (c) Social Security No. NO.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Anna Olson

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

7. Birth date of deceased September 5 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88	2	15	
			hr. min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business X

MOTHER { 12. Name unknown,

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

14. Maiden name unknown

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

16. (a) Informant Frank W. Olson,

(b) Address 436 E. 74th St., Kansas City, Mo.

17. (a) removal (b) Date thereof 11-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul, Minnesota

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-21-47 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1947 hour 11 PM minute M.

21. I hereby certify that I attended the deceased from Sept
1947 to Nov 20 1947.

that I last saw him alive on Nov 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Central Arterio-Sclerosis

Due to 2.5 mo

Due to Serology

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration 5 days

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?

While at work? (Specify type of place) (c) Manner of injury

23. Signature John C. ... (M. D. or other) md

Address 1500 Prof Bldg Date signed 11-21-47

Crop Body

Dr. Don C. Peete

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 *Elan Suppand*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.