S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1948

Registration District No. 3 2 4

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15098

Primary Registration District No. 3072

Registrar's No. 78

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Stanhope 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Olmstead

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 13 (Day) 1948 (Year)

8. AGE: Years – Months – Days – If less than one day – hr. 1 min.

9. Birthplace Marshall (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business ? ? ? ?

FATHER
12. Name Girlish Olmstead
13. Birthplace Sullivan Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Velma Mary Black
15. Birthplace Hickory Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Girlish Olmstead
(b) Address Stanhope, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairville Cemetery

18. (a) Signature of funeral director J. Leslie Dunning
(b) Address Marshall Mo.

19. (a) 4-14-1948 (Date received local registrar) (b) Lindsay T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from April 13, 1948, to April 13, 1948, that I last saw h. alive on April 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration

Due to

Due to

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)
(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 J. L. Reid (M. D. or other)
Address Marshall Mo. Date signed 4-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 4-30-48

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 J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, Tex.

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.