S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26520

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3242

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: 5943 WABASH AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 12 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5943 WABASH AVENUE
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MR. LEWIS ALMON OLNEY

3. (b) If veteran, name war NO

3. (c) Social Security No. 496-03-0725

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or wife~~ MRS. MARY ETTA OLNEY

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased AUGUST - 25 - 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	10	hr. min.

9. Birthplace PULASKI COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation GREEN KEEPER

11. Industry or business BLUE HILLS COUNTRY CLUB

FATHER
12. Name JESSE OLNEY
13. Birthplace WASHINGTON CO. OHIO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHARLOTTE MUSSER
15. Birthplace COLUMBIA COUNTY OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. C. Wright
(b) Address 5943 Wabash

17. (a) Burial (b) Date thereof Aug. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 8-9-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 5TH
year 1948 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1948, to Aug 5, 1948, that I last saw him alive on Aug 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute coronary occlusion	12 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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 [signature] (M.D. or other)

Address 1124 Professional Bldg Date signed 8/6/48

(Licensed Embalmer's Statement on Reverse Side)

1124 Professional Bldg.
11-3

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas 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.