REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18689
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township S. Campbell
(c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 5440
Registered No. 407
(d) Street No. Ozark Osteopathic Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
45 7

2. PRINT FULL NAME Henry Roscoe Olinger
(a) Residence, No. St. Fordland Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED (write the word).~~ married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Molly Lucille Olinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18-1908

7. AGE ✓ Years 30 Months 4 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Mo

FATHER
13. NAME John Olinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo

MOTHER
15. MAIDEN NAME Ada Kinser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co, Mo

17. INFORMANT (ADDRESS) (Wife) Molly Lucille Olinger Fordland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Webster Co Mo DATE 5-18 1939

19. FUNERAL DIRECTOR (NAME) Kelley-Ferrell
(ADDRESS) Fordland, Mo.

20. FILED 5-15 1939 Chas A. George M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 - 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9 - 1939 to May 15 - 1939
I last saw him alive on May 15 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	
AZC	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Howard L. Mason D.O.
(Address) Fordland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1955

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.