DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15260

Registration District No. 1440 2L

Primary Registration District No. 5581

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Johnson - Rural
(b) City or town Chilhowee 7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Johnson
(c) City or town Chilhowee Rural -
(If outside city or town limits, write "RURAL")
0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Ella Olson 125

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lance Olson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 31 (Day) 1883 (Year)

8. AGE: Years 56 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name Jas - Logan
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Lance Olson
(b) Address Warrensburg. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr - 12 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg Mo

19. (a) 4/ 12 - 40 (Date received local registrar) (b) O. L. Leboe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr - day 10 year 1940 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 1, 1940 to April 10, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 months
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 C. S. Johnson M.D. (M. D. or other)
Address Warrensburg, Mo Date signed 4/14/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-40

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 Earl Priest, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.