

Registration District No. **399** Primary Registration District No. **1002**

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 St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether
In this community 29 Years
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. 5709 Kenwood Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mr. Bert Olson 425
(b) If veteran, name war None
3. (c) Social Security No. 486-05-8136

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Josephine Olson 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January 28 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 4 hr. 1 min.

9. Birthplace Hanley Falls Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Credit Manager

11. Industry or business Nichols Wire Sheet & Hdw

12. Name Aanon O. Olson Co.
13. Birthplace Minnesota
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Olson
(b) Address 5709 Kenwood

17. (a) Burial (b) Date thereof June 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) June 3, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-1-40
to 6-1-40, 1940, to 6-1-40, 1940;
that I last saw him alive on 6-1-40 6 am
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy Coronary Thrombosis
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)
(e) Means of injury i

23. Signature W. J. Kuhn M.D. (M. D. or other)
Address 1103 Grand Date signed 6-1-40

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

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.....

.....
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4128

P. O. Address 1309 Bush Creek K.

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.