

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32838

FILED OCT 11 1941

State File No.

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 268

1. PLACE OF DEATH

(a) County Vernon, Mo.
(b) City or town Newada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 W. Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether)
In this community 35 yrs (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon, Mo.
(c) City or town Newada
(If outside city or town limits, write "RURAL")
(d) Street No. 604 W. Cherry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Olga Martha Kintestrom

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. Kintestrom 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb. 24, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 21 If less than one day ✓ min.

9. Birthplace Clinton, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

12. Name Levi Shaddock

13. Birthplace Unknown, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Janna Shaddock

15. Birthplace Unknown, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Bickhoff

(b) Address Newada, Mo.

17. (a) Burial (b) Date thereof 9/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marshall Geringer

(b) Address Newada, Mo.

19. (a) 9-18-41 (b) Allen O. Boyd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 2:00 minute AM

21. I hereby certify that I attended the deceased from Sept 3
1941, 19 to Sept 14, 1941
that I last saw her alive on Sept 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Anemia

Due to _____

Due to _____

Other conditions 130
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature [Signature] M.D. or other _____

Address Newada, Mo. Date signed 9/17/41

Durgtion

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28
1
2

OCT 13 1941

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1746

Date Filed 10-9-41

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 Mark Cichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.