

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34037**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3977**

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:  
**1112 Admiral Blvd.,**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community **11 years** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson 048**  
 (c) City or town **Kansas City** (If outside city or town limits, write "RURAL")  
 (d) Street No. **1112 Admiral Blvd** (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Margaret A. Olson**  
 3. (b) If veteran, name war **-**  
 3. (c) Social Security No. **-**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct.** day **25**  
 year **1941** hour **12:50** AM minute **-** M.

4. Sex **Female**  
 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **WIDOW**  
 6. (b) Name of husband or wife **Olaf Olson**  
 6. (c) Age of husband or wife if alive **1** years  
 7. Birth date of deceased **Sept. 3rd, 1859**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1940** 19 **41**  
 to **Oct 24** 19 **41**  
 that I last saw **her** alive on **Oct 24** 19 **41**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Carcinoma of left kidney**  
 Duration **1 year**

8. AGE: Years Months Days If less than one day  
**82** **1** **22** hr. min.

Due to.....  
 Due to.....  
 Other conditions..... (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

9. Birthplace **Illinois**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**  
 11. Industry or business.....  
 12. Name **Richard Poarch**  
 13. Birthplace **North Carolina**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Litena Renshaw**  
 15. Birthplace **Don't know**  
 (City, town, or county) (State or foreign country)

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) (e) Means of injury.....

16. (a) Informant **Mrs. Clyde Cannifax**  
 (b) Address **1112 Admiral**  
 17. (a) **removal** (b) Date thereof **10-25-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Okl. City, Okla.**

23. Signature **Jack W. Wolf** (M. D. or other) **M.D.**  
 Address **Kansas City, Mo.** Date signed **10-25-41**

18. (a) Signature of funeral director **H. V. Lindsey & Sons**  
 (b) Address **3811 Broadway**  
 19. (a) **10/25/41** (b) **M. M. Crow**  
 (Date received local registrar) (Registrar's signature)

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

48 mg

Dr Jack Wolff  
Angela Reed  
12-2

**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 Leon H. Stewart  
Licensed Embalmer No. 4177  
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.**