

Registration District No. **3**

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 **5203 Euclid**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **36 years**  
(Specify whether years, months or days)  
 In this community **36 years**

**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. **5203 Euclid**  
(If rural, give location)  
 (e) Citizen of foreign country? **36 years** (Yes or No)  
 If yes, name country **D**

**3. (a) PRINT FULL NAME** **Mrs. Olga M. Osier**  
 (b) If veteran, name war **XX**  
 (c) Social Security No. **None**

**4. Sex** **Fe** **5. Color or race** **Wh**  
**6. (a) Single, widowed, married, divorced, Widowed**  
**6. (b) Name of husband or wife** **Julius Osier**  
**6. (c) Age of husband or wife if alive** **XX**  
**7. Birth date of deceased** **July 18 1862**  
(Month) (Day) (Year)

**8. AGE:** Years **79** Months **8** Days **22**  
 If less than one day hr. min.

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

**10. Usual occupation** **At Home**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **Eggert Thomson**  
**13. Birthplace** **Denmark**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **No Record**  
**15. Birthplace** **Denmark**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Herman Osier**  
 (b) Address **5203 Euclid**

**17. (a) Burial** (b) Date thereof **4-13-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**  
**18. (a) Signature of funeral director** **J. M. Wagner**  
 (b) Address **Kansas City, Mo.**

**19. (a) 4-13-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **10**  
 year **1942** hour **11** minute **55 P.M.**  
**21. I hereby certify that I attended the deceased from** **June 10**  
~~1940~~, to **April 10**, 19**42**  
 that I last saw h. or alive on **April 10**, 19**42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of blood pigment 2 yr**  
 Due to **49%**  
 Due to  
 Other conditions  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 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)  
 (e) Means of injury  
**23. Signature** **R. R. Barker** (M. D. or other)  
 Address **329 Westport Rd. K.C. Mo.** Date signed **4-11-42**

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

7838

04838

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address. Kansas City, Missouri

**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.**