

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

State File No. 2593

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 weeks  
(Specify whether  
In this community 16 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1806 E. 35th St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Roxie Olson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emery Olson 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Aug. 3, 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 2 If less than one day  
hr. min.

9. Birthplace Liberty Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name James Victor Cathcart  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Elizabeth Carroll  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Olson  
(b) Address 1806 E 35th St K.C. Mo.

17. (a) Burial (b) Date thereof July 7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indop. Ave. K.C. Mo.

19. (a) 7-7-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1942 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 12 1942 to July 5 1942  
that I last saw her alive on July 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death multiple carcinomatosis (especially in left hip & sacrum)  
Due to Primary Resh Unknown Duration 6 mo  
Due to 55B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
X Ray revealed erosions of pelvic girdle  
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 \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature E. A. Burckhardt (M. D. or other) M.D.  
Address 3346 Summit Date signed 7/6/42

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**