

ED SEP 7 1943 71

Registration District No.

Primary Registration District No.

3012

Registrar's No.

314

1. PLACE OF DEATH:

(a) County Clay Co
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ball's Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County unknown
(c) City or town Stanhope
(If outside city or town limits, write "RURAL")
(d) Street No. unknown (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Norway

3. (a) PRINT FULL NAME ALBERT OLSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced ✓ 9

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan. (Month)

unknown (Day) (Year)

8. AGE: Years Months Days If less than one day

74 unknown hr. min.

9. Birthplace Norway (City, town, or county)

Norway (State or foreign country)

10. Usual occupation farmer

11. Industry or business ✓

12. Name unknown

13. Birthplace unknown (City, town, or county)

unknown (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county)

unknown (State or foreign country)

16. (a) Informant C. E. Town

(b) Address Webster City Ia.

17. (a) Webster Ia. (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanhope Iowa

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 8-20-43 (Date received local registrar) Mrs. Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th
year 1943 hour 2^o minute A.M.

21. I hereby certify that I attended the deceased from Aug 17-
1943, to Aug 20, 1943
that I last saw him alive on Aug 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration

Due to Strangulated Hernia

Due to 122

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 122 Of autopsy

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.....

23. Signature W. L. Purviance (M. D. or other) 0
Address Ball Clinic Date signed Aug 20 1943

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-3-43

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.