U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28776

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 189

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2501 Broadway 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 2501 Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Russell L. Olson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 17 1942 (Month) (Day) (Year)

8. AGE: Years — Months 6 Days 17 If less than one day hr. min.

9. Birthplace Hannibal Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Russell Olson
13. Birthplace — Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruth McKee
15. Birthplace — Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Russell Olson
(b) Address 2501 Broadway Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 7-6-43 (Date received local registrar) (b) R H Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Dec~~ July day ~~17~~ 4th
year ~~1942~~ 1943 hour minute 38 M.
21. I hereby certify that I attended the deceased from Feb-1 1943 to July-4 1943
that I last saw him alive on July 4 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Miliary T.B. of lungs. Duration 4 mo
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 13 fl
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature H B Norton (M. ~~D. or other~~)
Address Hannibal Mo Date signed 7-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.