

FILED JUN 28 1945

Registration District No. **72**

Primary Registration District No. **4134**

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

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: House 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay²⁴

(c) City or town Smithville (1)
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location) 11

(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME Magnus Olson

3. (c) Social Security No. unable to find

8. (b) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1945 hour 6 minute 48 P. M.

21. I hereby certify that I attended the deceased from 8-14-
1944 to 6-18- 1945

that I last saw him alive on 6-18- 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race White

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased _____
(Month) (Day) (Year) 2 1864

Immediate cause of death Uterine

Due to Prostatic Carcinoma with metastases

Due to _____

Other conditions (include pregnancy within 3 months of death) 512

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Sweden (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Concrete Masonry Work

12. Name Andrew Olson

13. Birthplace Sweden (4)
(City, town, or county) (State or foreign country)

14. Maiden name Christina Anderson

15. Birthplace Sweden (4)
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harry C. La Rue
(b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof 6-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director McCorras Funeral Home
(b) Address Smithville, Mo.

19. (a) June 25-1945 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

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 J. D. Hobbs (M. D. or other) 9705
Address Smithville, Mo. Date signed 6-19-45

RECEIVED

District Health Officer No. 8,

District File Number

6/27/45

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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, above space should be left blank.