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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11683

Registration District No. 46 Primary Registration District No. 5-154 Registrar's No.

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Mirable Twp. Rural
(c) Name of hospital or institution: XXXX
(d) Length of stay: In hospital or institution. XXXX
In this community 9 years

3. (a) PRINT FULL NAME Luther Hall Olmstead
3. (b) If veteran, name war. XXX
3. (c) Social Security No. XXX

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Olmstead
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased November 1 1885

8. AGE: Years 62 Months 4 Days 16 If less than one day XX hr. XX min.

9. Birthplace DeQueen Ark.

10. Usual occupation Farming

11. Industry or business

12. Name Isril Olmstead
13. Birthplace Canada
14. Maiden name Harriett Southworth
15. Birthplace Ark.

16. (a) Informant Luther Olmstead
(b) Address 607 Dayton St. Muskogee, Okla.

17. (a) Removal
(b) Date thereof March
(c) Place: burial or cremation Muskogee, Okla

18. (a) Signature of funeral director Bran Funeral Home
(b) Address Hamilton, Mo.

19. (a) Mar. 18, 1948
(b) Registrar's signature Gladys Jones

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Mirable Twp. Rural
(d) Street No.
(e) Citizen of foreign country? No.

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 1946 to 1948
that I last saw him alive on 3-11-48 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION
Immediate cause of death: Coronary thrombosis plus
Due to: Generalized arteriosclerosis
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician
While at work? (Specify type of place) (e) Means of injury
Date signed 3-18-48

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

MOTHER FATHER

NOV 01 1948

NOV 2 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address HAMILTON, 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.